

51 7001

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7001

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Samuel Highkin

2. DATE
OF
DEATH

AUG 12 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-17

D. STREET ADDRESS (If rural, give location)

5303 Ethelbert St

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

18 76

9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

75

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Presser

10B. KIND OF BUSINESS OR INDUSTRY

Clothing

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

USA.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral vascular accident

4 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 8-8-1951 to 8-12-1951, that I last saw the deceased alive on 8-12-1951, and that death occurred at 130 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

8/12/51

24C. NAME OF CEMETERY OR CREMATORY

Beth Isaac-Adath Israel

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

AUG 12 1951

REGISTRAR'S SIGNATURE

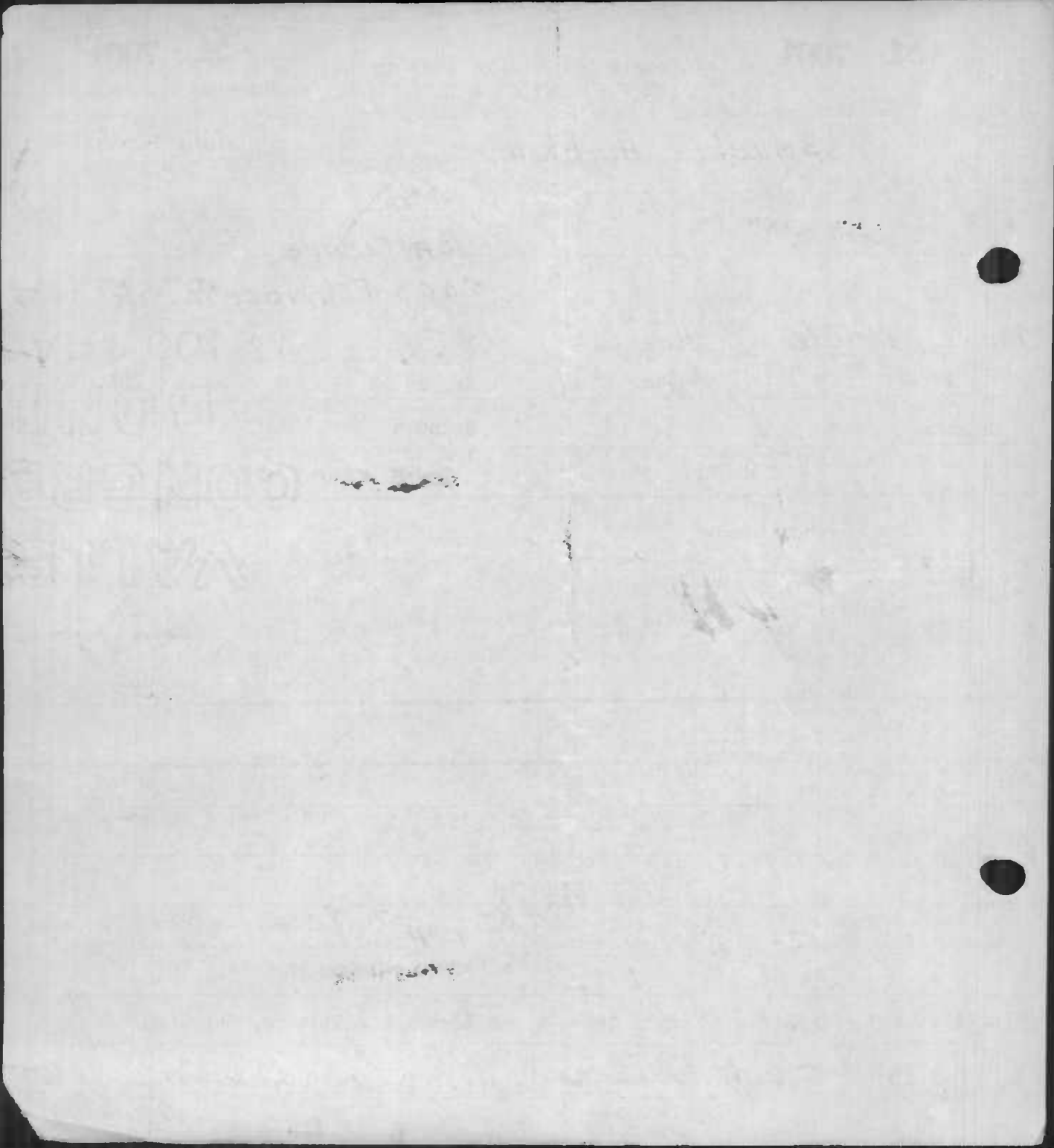
25. FUNERAL DIRECTOR

ADDRESS

Sol. Levinson & Sons - 1124 - 26 W North Ave

VS 150

MEDICAL CERTIFICATION



1922 Cullow
for 1922

51 7003

51 7003

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

HENRY WAGNER

2. DATE
OF
DEATH

8/9/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1517 E FORT AVE.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

7/9/13

9. AGE (In years
last birthday)

38

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LONGSHOREMAN

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

WAGNER

14. MOTHER'S MAIDEN NAME

Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

45-03-0152

17. INFORMANT

ADDRESS

MRS. WAGNER 1517 E FORT AVE

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute Coronary Occlusion.

INTERVAL BETWEEN
ONSET AND DEATH

15 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Malignant Hypertension

10-15 yr

DUE TO

(C)

Generalized Arteriosclerosis

10-15 yr

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Obesity

20-40 yr

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, 19, to 8-9-51, 19, that I last saw the
deceased alive on 8-9-51, 19, and that death occurred at 1:35 pm, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 12 1951

Charles F. Dill 1501 E FORT AVE

VS 150

185 940550 6991

94a

MEDICAL CERTIFICATION

8TH ST. N. W. 7th St. N. W.

51 7004

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7004

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles William Webster

2. DATE
OF
DEATH

8-11-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland

B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Towson

D. STREET ADDRESS (If rural, give location)

258 Ridge Ave

c. Length of stay in Baltimore

7 Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Apr. 2, 1874

9. AGE (In years
last birthday)

77

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Salesman

11. BIRTHPLACE (State or foreign country)

Illinois

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

William D. Webster

14. MOTHER'S MAIDEN NAME

Elizabeth Johnston

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. G. T. Papin

ADDRESS

Same

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ARTERIOSCLEROTIC HEART Dis.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from July 26, 1951, to Aug 11, 1951, that I last saw the
deceased alive on Aug 11, 1951, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

510006992

937

MEDICAL CERTIFICATION

100K

100K

100K

100K

THE UNIVERSITY OF CHICAGO
LIBRARY

100K



51 7005

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7005

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ethel Clark

2. DATE
OF
DEATH

Aug 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Tha 1

B. FULL NAME OF
HOSPITAL OR
INSTITUTION JOHNS HOPKINS HOSPITAL4. USUAL RESIDENCE (Where deceased lived. If institution, residence
before admission)

A. STATE MARYLAND

B. COUNTY Cecil

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

NORTH EAST

D. STREET ADDRESS (If rural, give location)

5700

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE White

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

9-2-98

9. AGE (In years
last birthday)

52

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Herbert Shall Cross

14. MOTHER'S MAIDEN NAME

Anna M. Abbott

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
JOHNS HOPKINS HOSPITAL ADDRESS

18. 444X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 8-7-1951, to 8-11-1951, that I last saw the
deceased alive on 8-11-1951, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23. SIGNATURE

G. Perzio - Birney

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

8-12-1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 12 1951

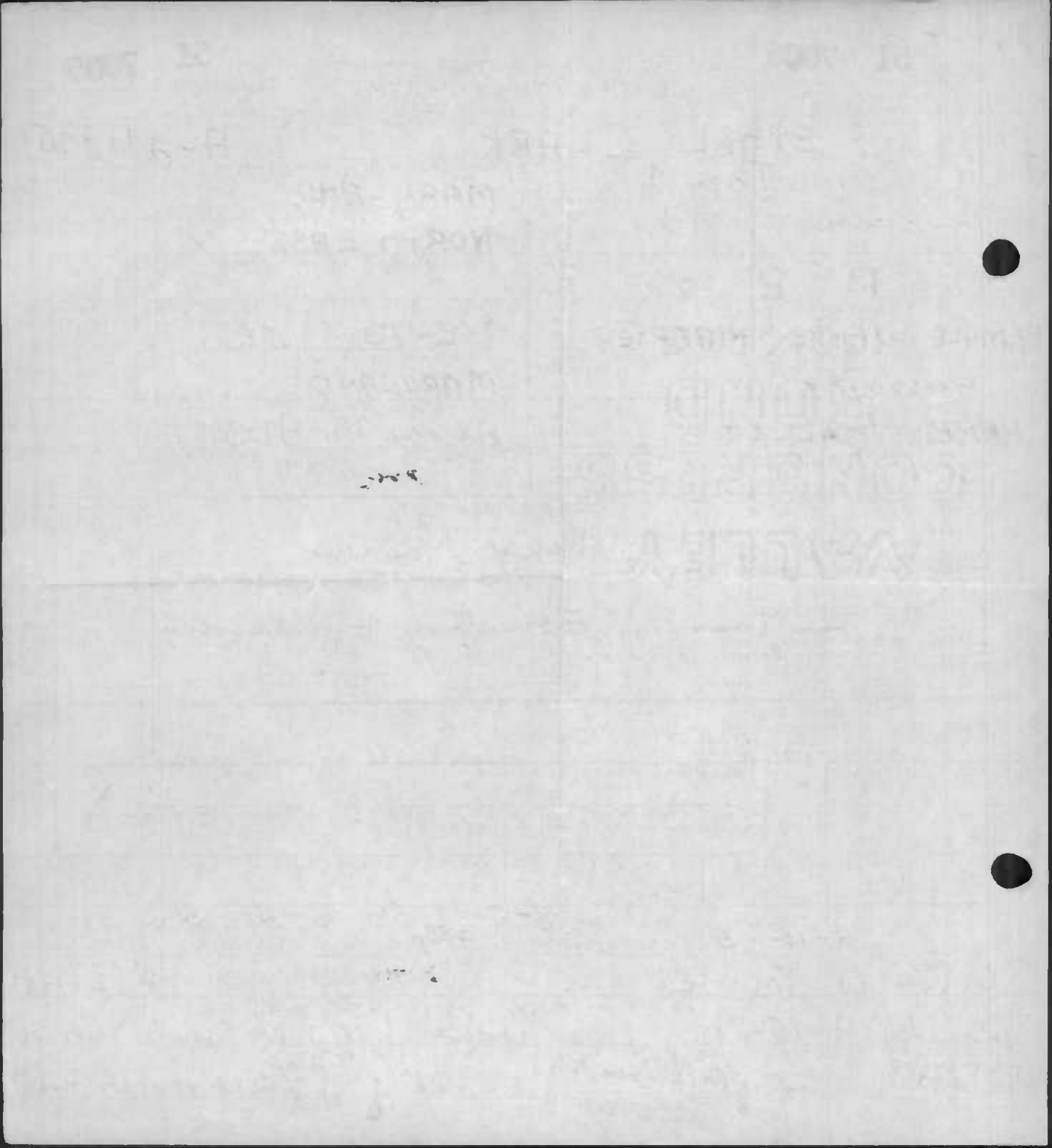
Rutledge Williams

Joseph J. Jones North East

VS 150

102

MEDICAL CERTIFICATION



616
51 7006BALTIMORE
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7006
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Maggie Barber</i>			2. DATE OF DEATH <i>8/10/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>9-09</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Par Wil La Home</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>		
c. Length of stay in Baltimore <i>3</i>			D. STREET ADDRESS (If rural, give location) <i>1716 - W. Carline</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>3/24/86</i>	9. AGE (In years last birthday) <i>65</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House work</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>At home</i>		
11. BIRTHPLACE (State or foreign country) <i>D.C.</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>Leannette Barber</i>			14. MOTHER'S MAIDEN NAME <i>Maggie Cuff</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>none</i>		
17. INFORMANT <i>Daughter</i>			ADDRESS		

18. <i>443X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <i>Cardio-Vascular</i> ANTECEDENT CAUSES DUE TO <i>Renal disease</i> DUE TO <i>Hypertension</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH <i>Cardio-Vascular</i> <i>Renal disease</i> <i>Hypertension</i>	INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i>
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19A. DATE OF OPERATION <i>8/13/51</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>7/10/51</i> , to <i>8/10/51</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>5/5/51</i> , and that death occurred at <i>5</i> a.m., from the causes and on the date stated above.		
23A. SIGNATURE <i>W. J. Jackson</i> M. D.	23B. ADDRESS <i>200 N. Myrtle</i>	23C. DATE SIGNED <i>8/10</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>8/13/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>New Evergreen</i>
24D. LOCATION (City, town, or county) (State) <i>Winston Salem N.C.</i>	25. FUNERAL DIRECTOR <i>Randolph Collick</i>	ADDRESS <i>1532 Biddle</i>

DATE RECEIVED BY
LOCAL REGISTRAR
AUG 13 1951REGISTRAR'S SIGNATURE
Wm. J. Jackson

540
51 7007BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX 51 7007
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) KNELL, William Andrew		2. DATE OF DEATH 8-10-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore City	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City	
C. Length of stay in Baltimore 25 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 201 Henry Ave #6 5300	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 30-1888 63
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cutter in shirt factory		10B. KIND OF BUSINESS OR INDUSTRY Kramer Photo 49	
11. BIRTHPLACE (State or foreign country) Balto. City		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Geo Knell		14. MOTHER'S MAIDEN NAME Henrietta Roetzger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 214-03-5292	
17. INFORMANT Mrs. Wm A Knell		ADDRESS 201 Henry Ave	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute coronary thrombosis 2 mps cardiac infarction		INTERVAL BETWEEN ONSET AND DEATH 12 hrs.	
ANTECEDENT CAUSES (A) _____ (B) _____ (C) _____			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8-10 , 19 51 , to 8-10 , 19 51 that I last saw the deceased alive on 8-10 , 19 51 , and that death occurred at 8:30 pm. , from the causes and on the date stated above.			
23A. SIGNATURE Helen W. Boardman M. D.		23B. ADDRESS Univ. Hospital	
23C. DATE SIGNED 8-11-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/14/51	
24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem.		24D. LOCATION (City, town, or county) (State) BALTO Md.	
DATE RECEIVED BY LOCAL REGISTRAR AUG 13 1951		REGISTRAR'S SIGNATURE Wilmington Williams, M.D.	
25. FUNERAL DIRECTOR Loeschy Funeral Home		ADDRESS 7401 Balair Rd.	

VOR

STADT-UND-LAND-RECHT



654 51 7008

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7008
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>MARY M. BROMWELL</i>			2. DATE OF DEATH <i>AUG. 11, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MD</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>MERCY HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>BALTIMORE MD 10-52</i>		
C. Length of stay in Baltimore <i>LIFE</i>			D. STREET ADDRESS (If rural, give location) <i>900 WILMONT CT</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	8. DATE OF BIRTH <i>OCT 26 1878</i>		9. AGE (in years last birthday) <i>72</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>NONE</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>NONE</i>	11. BIRTHPLACE (State or foreign country) <i>MARYLAND</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>James N. Deekmore</i>			14. MOTHER'S MAIDEN NAME <i>Mary Rose Lovelace</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>		16. SOCIAL SECURITY NO.	17. INFORMANT <i>RAYMOND BROMWELL WILMONT CT</i>		

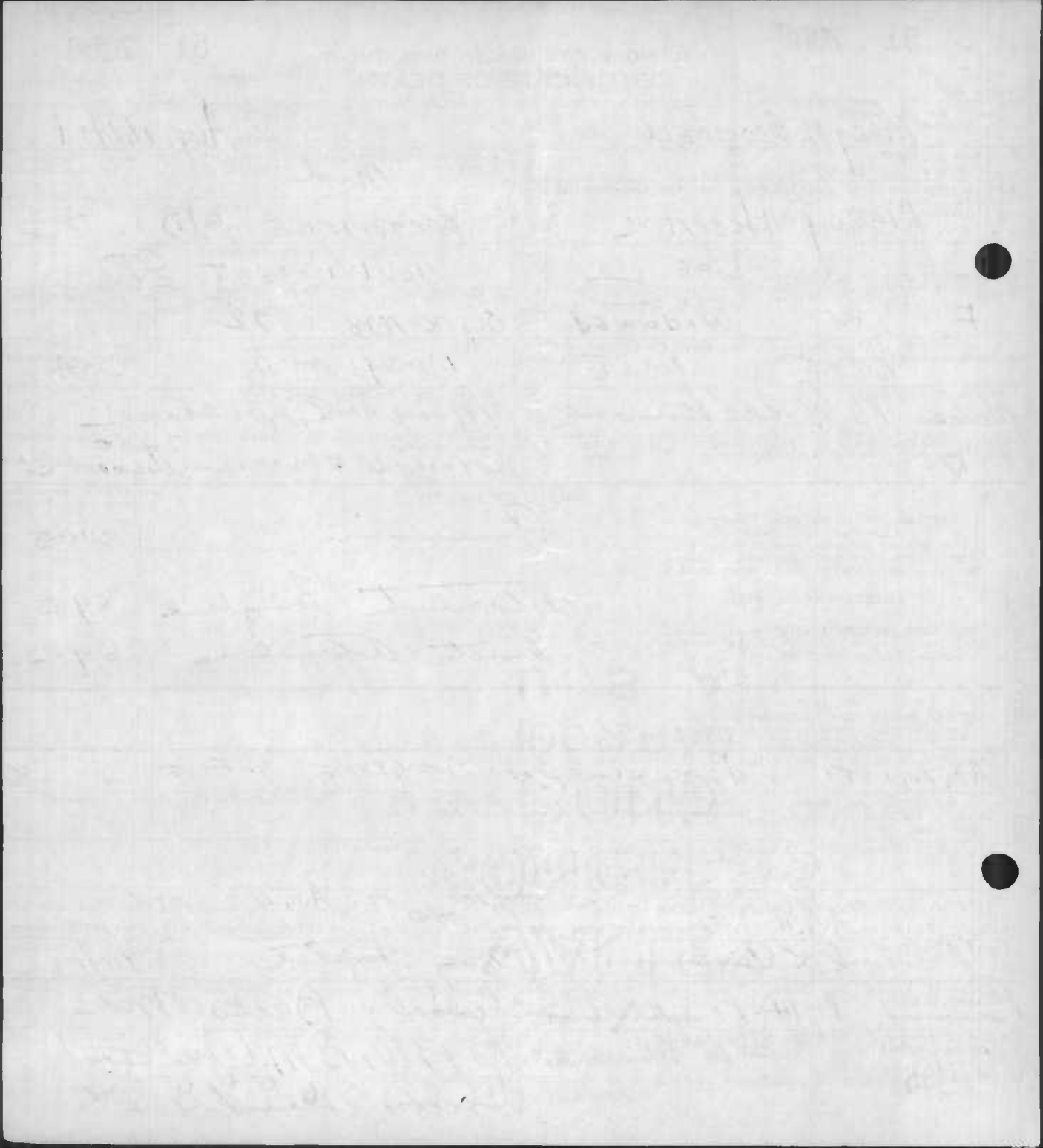
18. <i>260x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <i>Pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>29 HRS</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO <i>Arteriosclerosis Sanguine</i>		<i>64 RS</i>
		(B) DUE TO <i>Diabetic Arteriosclerosis</i>		<i>64 RS</i>
		(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19. DATE OF OPERATION <i>AUG 10, 1951</i>		19B. MAJOR FINDINGS OF OPERATION <i>ARTEROSCLEROTIC GANGRENE L. FOOT</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *AUG. 10*, 19*51*, to *AUG 11*, 19*51*, that I last saw the deceased alive on *AUG. 11*, 19*51*, and that death occurred at *8:00 PM* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Raymond L. Deekmore</i>	23B. ADDRESS <i>MD Hospital</i>	23C. DATE SIGNED <i>8/11/51</i>
--	------------------------------------	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	24B. DATE <i>8-14-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>	24D. LOCATION (City, town, or county) (State) <i>Balto MD</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 13 1951</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>John C. & B. M. Walters</i>



51 7009

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7009

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN MILLER (CERMACK)		2. DATE OF DEATH August 10, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 705 W. Lombard Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 2, 1871
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sea Faring		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 80
13. FATHER'S NAME John Miller Cermack		11. BIRTHPLACE (State or foreign country) Balto., Md.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Unknown		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. 213-12-4501		14. MOTHER'S MAIDEN NAME Dona Koska	
17. INFORMANT Albert Vitek		ADDRESS PASADENA Md	

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

18. **4221**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic Cardiovascular Disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

8/10/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

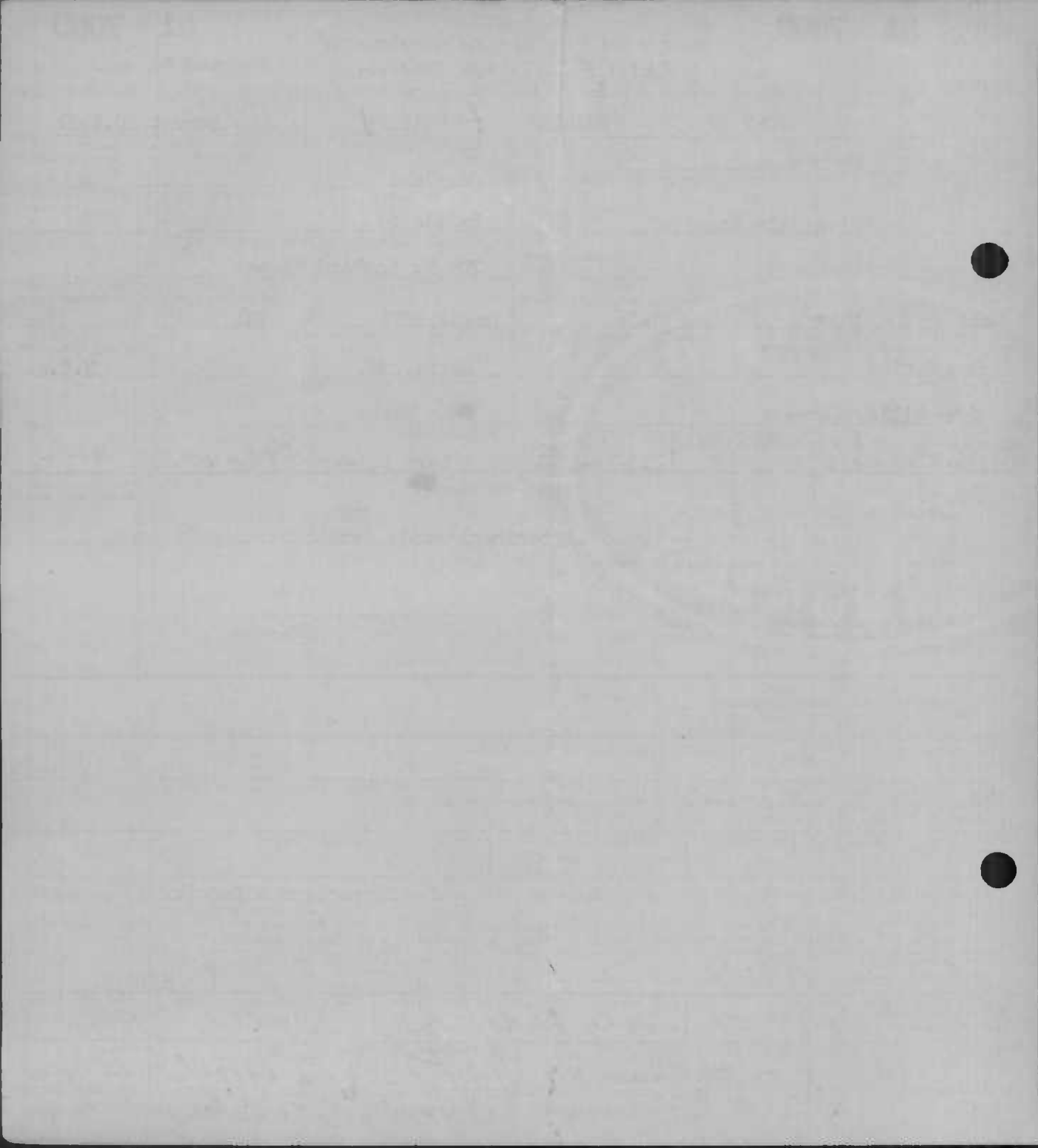
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



51 7010

51 51 7010

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KATIE ROTH AUS

2. DATE
OF
DEATH

8-12-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

409 No Patterson Park Ave Baltimore 6-03

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

409 No Patterson Park Ave

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Yrs.
Mos.
Days

8. DATE OF BIRTH

9. AGE (In years last birthday)

11 Under 1 Year

11 Under 24 Hours

Female White

White

Widowed

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

409 No Patterson Park Ave

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Not known

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Selma Rothaus

ADDRESS

Same

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

2 yr

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 July 1951 to 12 July 1951, that I last saw the deceased alive on 12 July 1951, and that death occurred at 9:57 m., from the causes and on the date stated above.

23A. SIGNATURE

H. M. M. M.

23B. ADDRESS

1513 N. Milwaukee

23C. DATE SIGNED

12 Aug 51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

8-13-51

24C. NAME OF CEMETERY OR CREMATORY

Sperling Run

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. M. M. M.

25. FUNERAL DIRECTOR

Jack Lewis 2100 Ecton Pl

ADDRESS

51

7011

CERTIFICATE CORRECTED 8-14-51

51

7011

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RUDOLPH

Rudolf Blumenfeld

2. DATE
OF
DEATH

Aug 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

U.S. Public Health Service Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-04

D. STREET ADDRESS (If rural, give location)

2313 Windsor Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 7, 1892

9. AGE (In years
last birthday)

59

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

S-10 & Store

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF
WHAT COUNTRY?

USA.

13. FATHER'S NAME

Isaac Blumenfeld

14. MOTHER'S MAIDEN NAME

Mary Abrams

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

World War I

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Ethel Blumenfeld - Same

18. 154X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Adenocarcinoma of Rectum 2 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

No

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☒ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1, 1951, to 8-12, 1951, that I last saw the deceased alive on 8-11, 1951, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

R.R. Green

M. D.

23B. ADDRESS

288 PHS Hosp.

23C. DATE SIGNED

8-12-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8-14-51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Hebrew

24D. LOCATION (City, town, or county)

Dalls

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Walter P. Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis

ADDRESS

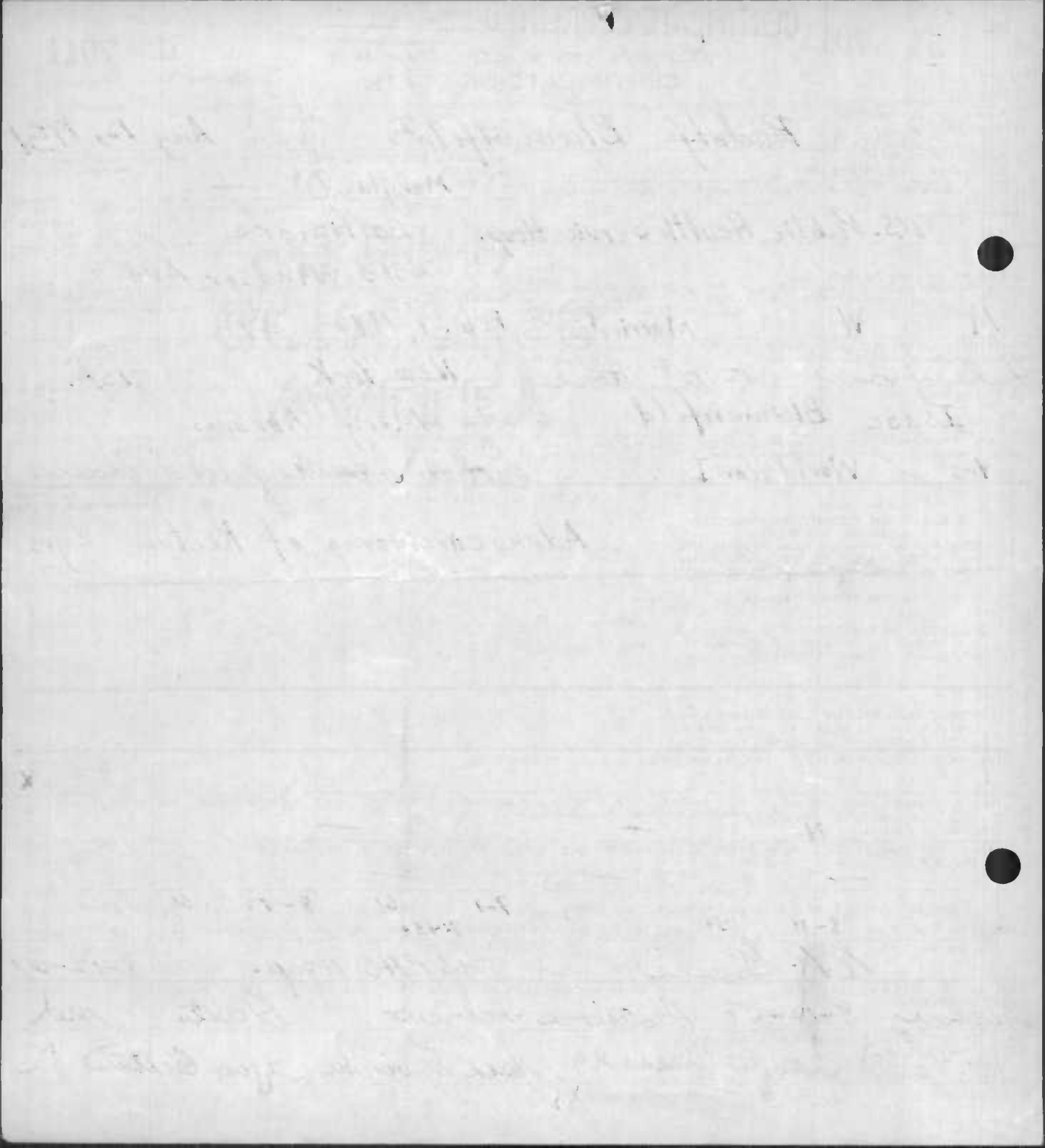
2109 Eutan Rd

VS 150

4906 DE 1000

467

MEDICAL CERTIFICATION



632
51 7012BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7012

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna Pritzker

2. DATE
OF
DEATH

August 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION
3706 Nortonia Road4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-13

D. STREET ADDRESS (If rural, give location)

4118 Park Heights Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

1876

9. AGE (In years
last birthday)

75

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Franklin

14. MOTHER'S MAIDEN NAME

Mollie Balash

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Miriam Frank 3204 Liberty Heights Ave

18. 147.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma Parotid
Gland

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertension
myocardial infarction, arthritis

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Bone Fragility

INTERVAL BETWEEN
ONSET AND DEATH

1 yr.

19A. DATE OF OPERATION

15 Dec - 21-51

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of sup. tissues - no bone

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office, bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar - 10 1951 to Aug 11, 1951, that I last saw the
deceased alive on Aug 11, 1951, and that death occurred at 1:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dan Franklin

M. D.

23B. ADDRESS

1222 Lee St

23C. DATE SIGNED

8/12/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Aug 13, 1951

24C. NAME OF CEMETERY OR CREMATORY

Beth Jacob Vong Cemetery

24D. LOCATION (City, town, or county)

Rosedale, Balto Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Lester Williams, M.D.

25. FUNERAL DIRECTOR

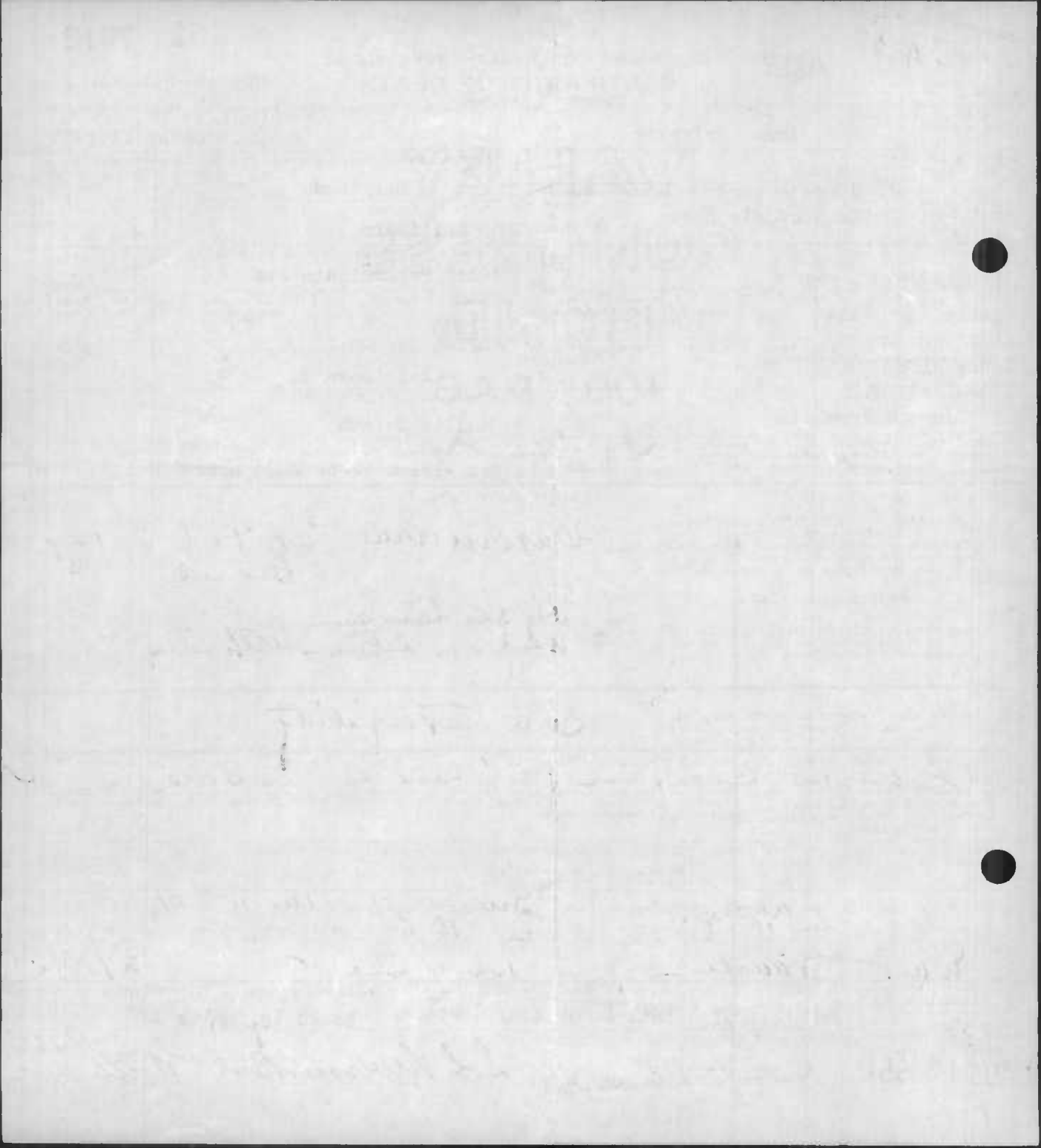
ADDRESS

Sol. Peterson, Bus North ave

AUG 13 1951

VS 150

55E



362
51 7013Theodorsem
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7013

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Theodorsem

2. DATE
OF
DEATH

Aug 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

7203 MEADOW LANE

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male White

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

11/12/29

9. AGE (In years
last birthday)

21

10. Under 1 Year

Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Norway

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Theodore Theodorsem

14. MOTHER'S MAIDEN NAME

Johanne Hansen

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

18. 754.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

at operation

since

birth

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

August 10, 1951

19B. MAJOR FINDINGS OF OPERATION

Pulmonary Stenosis

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-8-1951 to 8-10-1951, that I last saw the
deceased alive on 8-10-1951 and that death occurred at 11:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

David S. Salterston Jr.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREM-
ATION, REMOVAL (Specify)

Burial

24B. DATE

8/13/51

24C. NAME OF CEMETERY OR CREMATORY

MEADOW RIDGE

24D. LOCATION (City, town, or county)

DORSEY MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

AUG 13 1951

REGISTRAR'S SIGNATURE

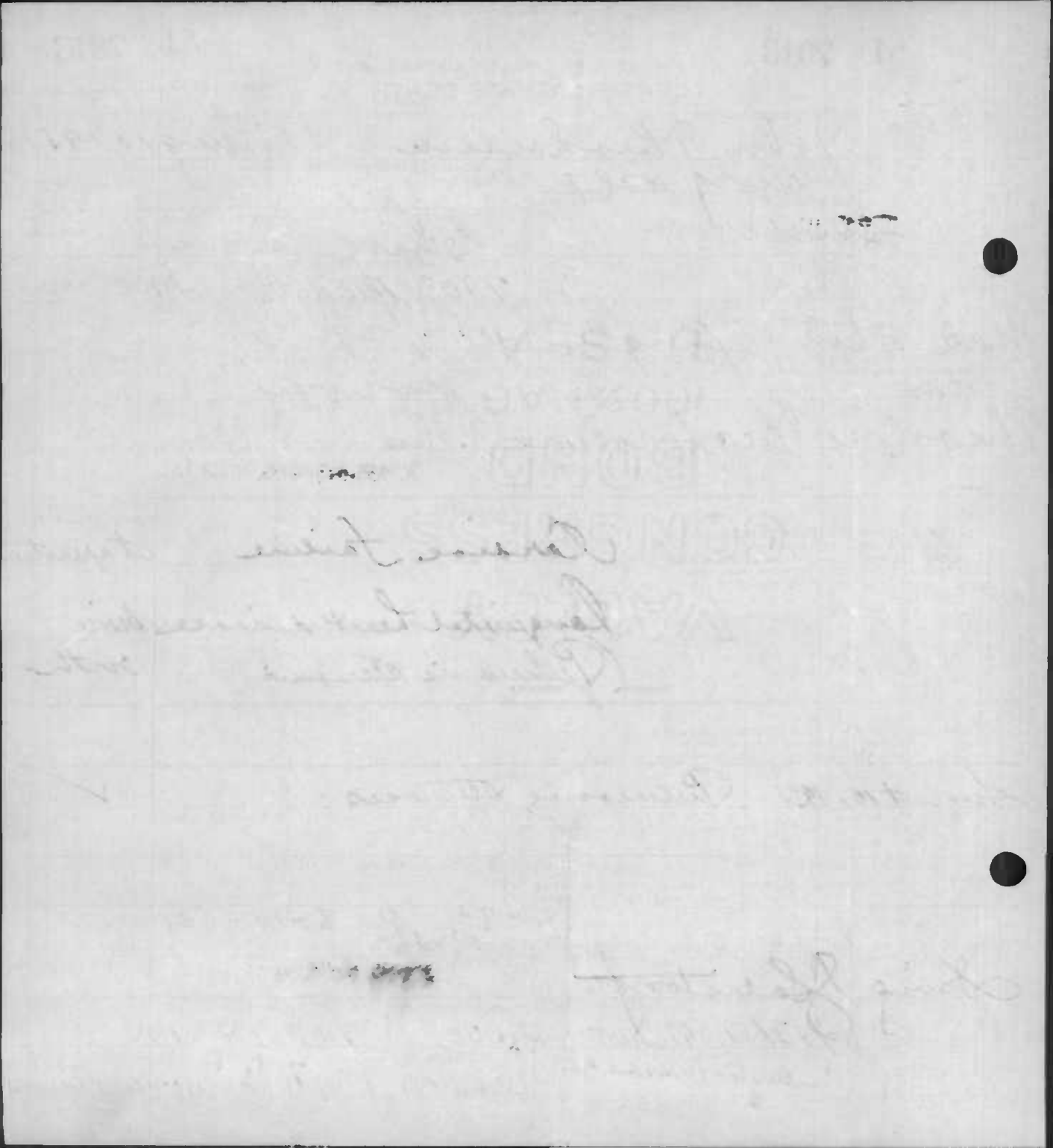
Theodorsem

25. FUNERAL DIRECTOR

WILLIAM FORTER

ADDRESS

2008
157E



51 7014

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7014
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH

SHANNON

2. DATE
OF
DEATH

August 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

7-09

D. STREET ADDRESS (If rural, give location)

800 E. Preston Street

5. SEX

6. COLOR OR RACE

Female

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Aug 23 - 1886

9. AGE (In years
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

General work

10B. KIND OF BUSINESS OR
INDUSTRY

Laundry

13. FATHER'S NAME

Samuel Johnson Whitley

11. BIRTHPLACE (State or foreign country)

Port Royal Pa

12. CITIZEN OF
WHAT COUNTRY?

Am

14. MOTHER'S MAIDEN NAME

Catherine Schatzger

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

215-12-0533

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Charles H. Quackenbush

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

8/10/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Aug-13-51

24C. NAME OF CEMETERY OR CREMATORY

Greenwood Cemetery

24D. LOCATION (City, town, or county) (State)

Greenwood Ave Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Catherine Williams

25. FUNERAL DIRECTOR

ADDRESS

Ray B. Robertson-Townsend Home Inc

VS 151

845 403 E 23rd St Baltimore Md

MEDICAL CERTIFICATION

51 7015

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7015

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Bissler (BESSER)

2. DATE
OF
DEATH

8-10-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto md

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hosp. Balto md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN

Balto

(If outside corporate limits, write RURAL and give township)

21-02

D. STREET ADDRESS (If rural, give location)

1172 Wash. Blvd.

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Jan 11, 1909

9. AGE (In years
last birthday)

42

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CHAUFFEUR

10B. KIND OF BUSINESS OR
INDUSTRY

None TAXICAB

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Chas. Bissler

14. MOTHER'S MAIDEN NAME

Florence Thornton

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.

215-09-6794

17. INFORMANT

ADDRESS

Wife Marie Bissler 1172 Washington Blvd.

18. 581.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral (Lacunar)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Leading to:

(B)

Hepatic coma &

DUE TO

(C)

Metabolic failure

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1-1951 to 8-10-1951, that I last saw the
deceased alive on 8-10-1951, and that death occurred at 9:20 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Chas. P. Watson

23B. ADDRESS

University Hospital

23C. DATE SIGNED

8-10-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

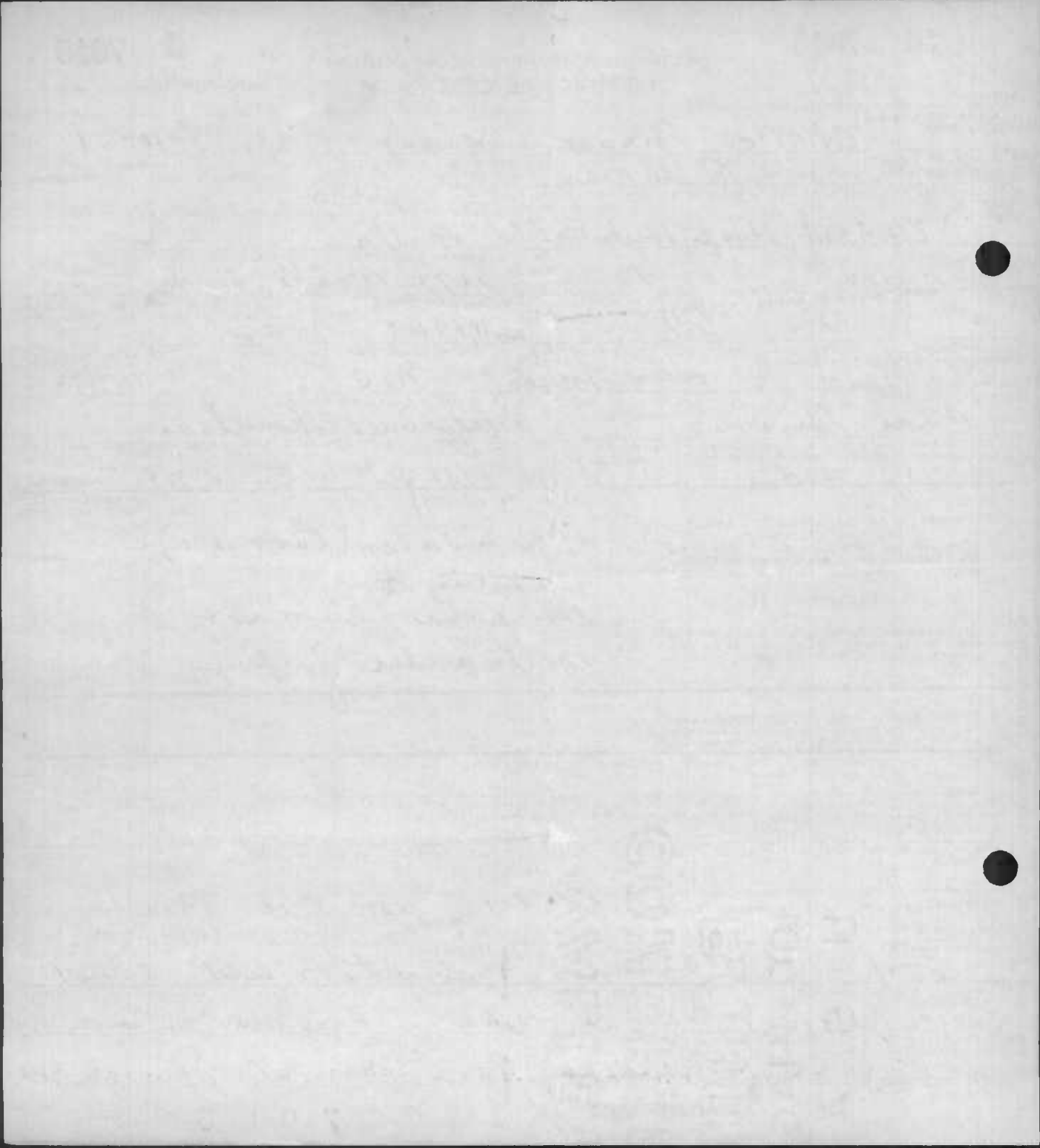
AUG 13 1951

Tunington Williams, M.D.

GEO. L. Schwab 2101 Frederick Ave.

582 54 07003124a

MEDICAL CERTIFICATION



51 7016

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7016

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Mary Pastorius

2. DATE
OF
DEATH

8/10/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2854 Rayner Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

2/29/72

9. AGE (in years
last birthday)

79

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR
INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

Pikesville, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

John E. Presley

14. MOTHER'S MAIDEN NAME

Mary Gaul

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Dorothy Pabst-2871 W. Lanvale St.

1B. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Vascular Accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive Cardiovascular
Disease

DUE TO

(C) Arteriosclerosis

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from July 29, 1951, to August 10, 1951, that I last saw the
deceased alive on August 10, 1951, and that death occurred at 9 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Doris H. Gault

M. D.

23B. ADDRESS

Bon Secours Hospital

23C. DATE SIGNED

8/10/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

8/14/51

24C. NAME OF CEMETERY OR CREMATORY

LORRAINE

24D. LOCATION (City, town, or county)

BALTIMORE

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

T. J. Williams

25. FUNERAL DIRECTOR

ADDRESS

John T. Stansbury 2700 EDMONDSON

AUG 13 1951

VS 150

937

MEDICAL CERTIFICATION

11/1/51

Mr. Harry Harrison

10.

Mr. Harrison

1000 North Ave.

2/1/52

24

11/1/51

11/1/51

11/1/51

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11/1/51

CERTIFICATE CORRECTED

8-16-51

51 7017

BALTIMORE CITY HEALTH DEPARTMENT

51 7017

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES ROSS

2. DATE
OF
DEATH

Aug 11 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

356 Rosebank Ave

C. Length of stay in Baltimore

29 Yrs. Mos. Days

5. SEX

M

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

4. USUAL RESIDENCE (Where deceased lived, If institution / residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-12

D. STREET ADDRESS (If rural, give location)

356 Rosebank Ave

8. DATE OF BIRTH

1875

9. AGE (In years last birthday)

76 6-7

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MARINE SURVEYOR

10B. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

Bowling Scotland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JAMES ROSS

14. MOTHER'S MARDEN NAME

Braidwood Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

220-20-2615

17. INFORMANT

ADDRESS

Jeanie McDonald Ross - Same

18.

153X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma of Lung

6 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Carcinoma of Sigmoid

5 yr.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1945

19B. MAJOR FINDINGS OF OPERATION

Carcinoma

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1, 1951, to 8-11, 1951 that I last saw the deceased alive on 8-11, 1951 and that death occurred at 9 P.m., from the causes and on the date stated above.

23A. SIGNATURE

A. J. Sallod

23B. ADDRESS

707 E. Fort Ave.

23C. DATE SIGNED

8-13-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Aug 15 1951

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

AUG 13 1951

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

H. J. Jenkins & Sons Co. 400 E. Pratt St.

MEDICAL CERTIFICATION

Dr. Aaron Solod
707 E. Fort Ave

3240
51 7018BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7018
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Charles J. Bosley</i>			2. DATE OF DEATH <i>August 11, 1957</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>834 Union Avenue. 13-07</i>		
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married.</i>	8. DATE OF BIRTH <i>July 26, 1890</i>	9. AGE (In years last birthday) <i>61</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Helper on oil truck.</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>HERMAN FISHER OIL CO.</i>		
11. FATHER'S NAME <i>Jefferson Bosley</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			14. SOCIAL SECURITY NO. <i>215-09-3597</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			16. MOTHER'S MAIDEN NAME <i>Catherine Gill</i>		
17. INFORMANT <i>Helen V. Bosley</i>			ADDRESS <i>Same.</i>		

18. *331X I*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Cerebral Hemorrhage
(A) DUE TO
ANTECEDENT CAUSES
Hypertension
(B) DUE TO
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *12:00 AM Aug 11, 1957*, to *4:35 AM Aug 11, 1957*, that I last saw the deceased alive on *Aug 11, 1957*, and that death occurred at *4:35 P. M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Douglas H. MacPherson</i>		23B. ADDRESS <i>Maryland General Hosp</i>		23C. DATE SIGNED <i>Aug. 14, 1957</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Aug 14/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Park</i>	
24D. LOCATION (City, town, or county) <i>Windsor Mill Rd. Md.</i>		25. FUNERAL DIRECTOR <i>Clinton E. Sonoran</i>		ADDRESS <i>3818 Roland Ave</i>	

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51 7019

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7019
Registered No.

1. NAME OF DECEASED (Type or Print) Effie Maude Harrison		2. DATE OF DEATH August 11, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 3800 Harlem Ave		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Carroll	
B. FULL NAME OF HOSPITAL OR INSTITUTION XXXX		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mt. Airy	
C. Length of stay in Baltimore 16 Days		D. STREET ADDRESS (If rural, give location) 5600	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 6-6-1880
9. AGE (In years last birthday) 71		10. If Under 1 Year: Months: Days; If Under 24 Hours: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10B. KIND OF BUSINESS OR INDUSTRY own home	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME John E. Ridgely		14. MOTHER'S MAIDEN NAME Alcinda Day	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mrs. Arthur Hooper, 3800 Harlem Ave		ADDRESS	
18. 174x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carcinoma of Uterus DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 1 yr.
19A. DATE OF OPERATION Nov. 1950			19B. MAJOR FINDINGS OF OPERATION Carcinoma of Uterus
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug. 1 , 1951, to Aug 11 , 1951, that I last saw the deceased alive on Aug 8 , 1951, and that death occurred at 7:45P.m. , from the causes and on the date stated above.			
23A. SIGNATURE [Signature]		23B. ADDRESS M. D. 1 Mallow Hill Ave.	
23C. DATE SIGNED 8/12/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 8-14-1951	
24C. NAME OF CEMETERY OR CREMATORY Mt. Olive		24D. LOCATION (City, town, or county) (State) Carroll Co. Md.	
DATE RECEIVED BY LOCAL REGISTRAR AUG 13 1951		25. FUNERAL DIRECTOR ADDRESS C. M. Waltz, Winfield, Md.	

VS 150

127 510 007 007

4813

MEDICAL CERTIFICATION

1977

THE UNIVERSITY OF CHICAGO

RECEIVED
JAN 11 1977
LIBRARY

7 0 0 3

534
51 7020BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 7020

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Alice Taylor Chandler		8-10-51	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. Baltimore City, Maryland		A. STATE Maryland B. COUNTY Baltimore			
b. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
US Public Health Service Hospital, Baltimore, Maryland		Howardville			
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location)			
		Walnut Avenue 5300			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
Female	Colored	Married	April 8, 1899	52	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
School Teacher		Education	Maryland		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	
J. Samuel Taylor		Annie Rogers		16. SOCIAL SECURITY NO.	
Unknown		---		17. INFORMANT ADDRESS	
		Records US Public Health Service Hosp.		Baltimore, Md.	
18. 170x		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Adenocarcinoma of left breast		4 years	
DUE TO		(B)			
ANTECEDENT CAUSES		(C)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 20, 1951 to Aug. 10, 1951 that I last saw the deceased alive on Aug. 10, 1951, and that death occurred at 5:10 A. M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
John L. Wilson, Medical Director M. D.		Baltimore, Md.		8-10-51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial Aug. 14, 1951				St. Thomas	
24D. LOCATION (City, town, or county)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Baltimore, Md.		W. H. H. Funeral Home		1631 Druid Hill Ave.	
DATE RECEIVED BY REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		25. ADDRESS	
AUG 9 1951		W. H. H. Funeral Home		1631 Druid Hill Ave.	

RECEIVED BY THE DIRECTOR
OF THE FBI

10/10/83

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51 7021
315
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7021
Registered No.

1. NAME OF DECEASED (Type or Print)		JAMES STEVENSON		2. DATE OF DEATH August 9, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION Home - 1303 N. Dallas Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-07			
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1303 N. Dallas Street			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Feb 16, 1894	9. AGE (In years last birthday) 57	10. If under 1 year: Months Days If under 24 hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Uemp Storeware Local #858		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Davidsonville Md.	
13. FATHER'S NAME Garon Stevenson		14. MOTHER'S MAIDEN NAME Elizabeth		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Hattie Stevenson	
				ADDRESS	

18. 443X1 CAUSE OF DEATH 1303 N. Dallas St. INITIAL BETWEEN CAUSE AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiovascular disease DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cerebral hemorrhage DUE TO

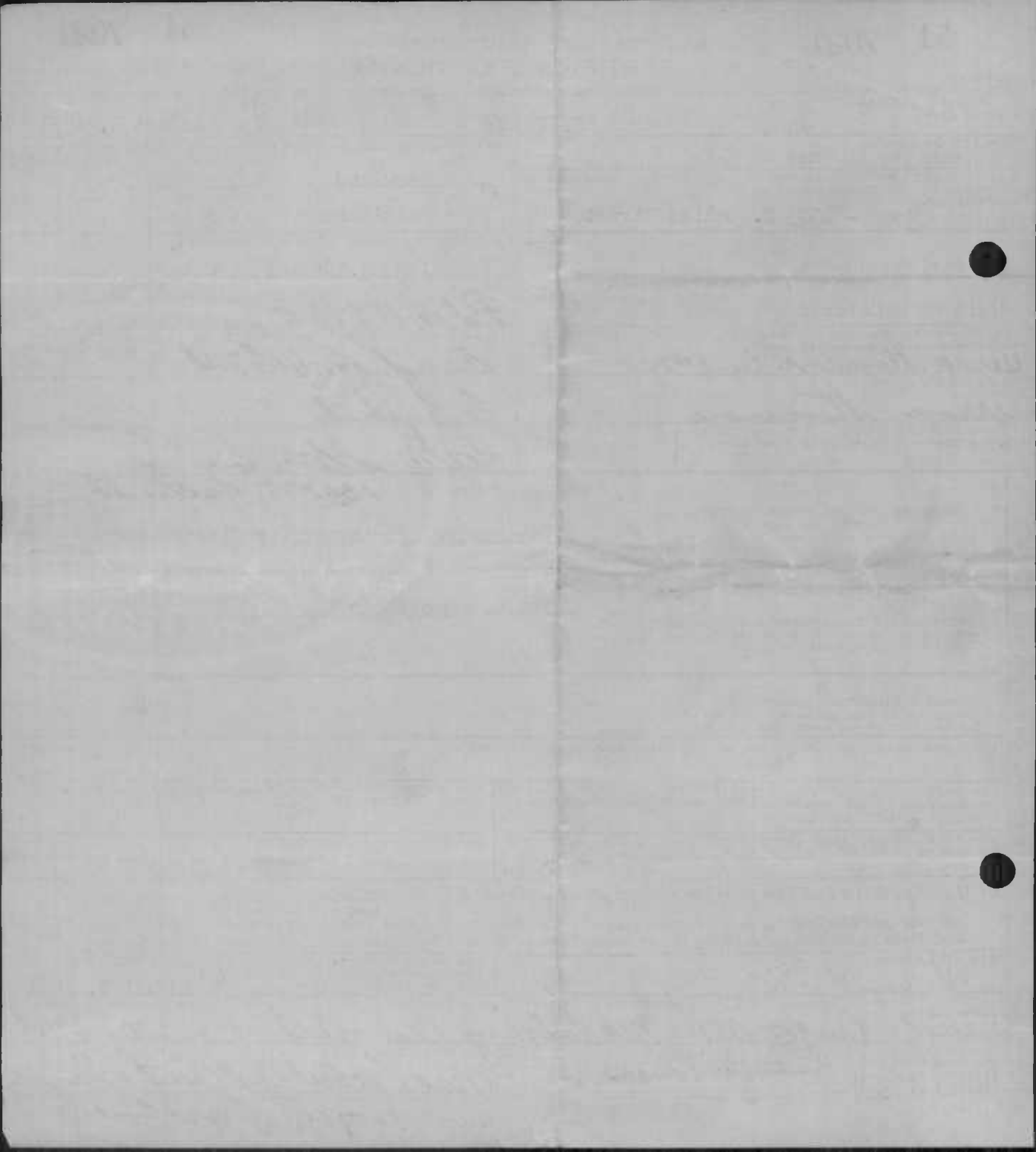
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William V. Smith		23B. CHIEF MEDICAL EXAMINER M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED August 9, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug 13, 1951		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem	
DATE RECEIVED BY LOCAL REGISTRAR AUG 13 1951		REGISTRAR'S SIGNATURE Huntington Williams		24D. LOCATION (City, town, or county) (State) A.A. County Md	
VS 151		25. FUNERAL DIRECTOR Mrs Robert A. Elliott & Daughter		ADDRESS 940 55 11 279 07.0 Caroline St	

MEDICAL CERTIFICATION



51 7022

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7022

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William H. Brass, Jr.

2. DATE
OF
DEATH

Aug. 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

5407 Gerland Avenue

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission):
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5407 Gerland Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

May 18, 1892

9. AGE (In years,
last birthday)

59

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Chauffeur

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William H. Brass, Sr.

14. MOTHER'S MAIDEN NAME

Anna R. Van Skiber

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Lillian E. Brass, 5407 Gerland

18. 470.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

1 da

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary Disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/15/50, 19, to 8/10, 19, that I last saw the
deceased alive on 8/10, 19, and that death occurred at 12:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8-13-51

24C. NAME OF CEMETERY OR CREMATORY

Moreland Mem. Park

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 13 1951

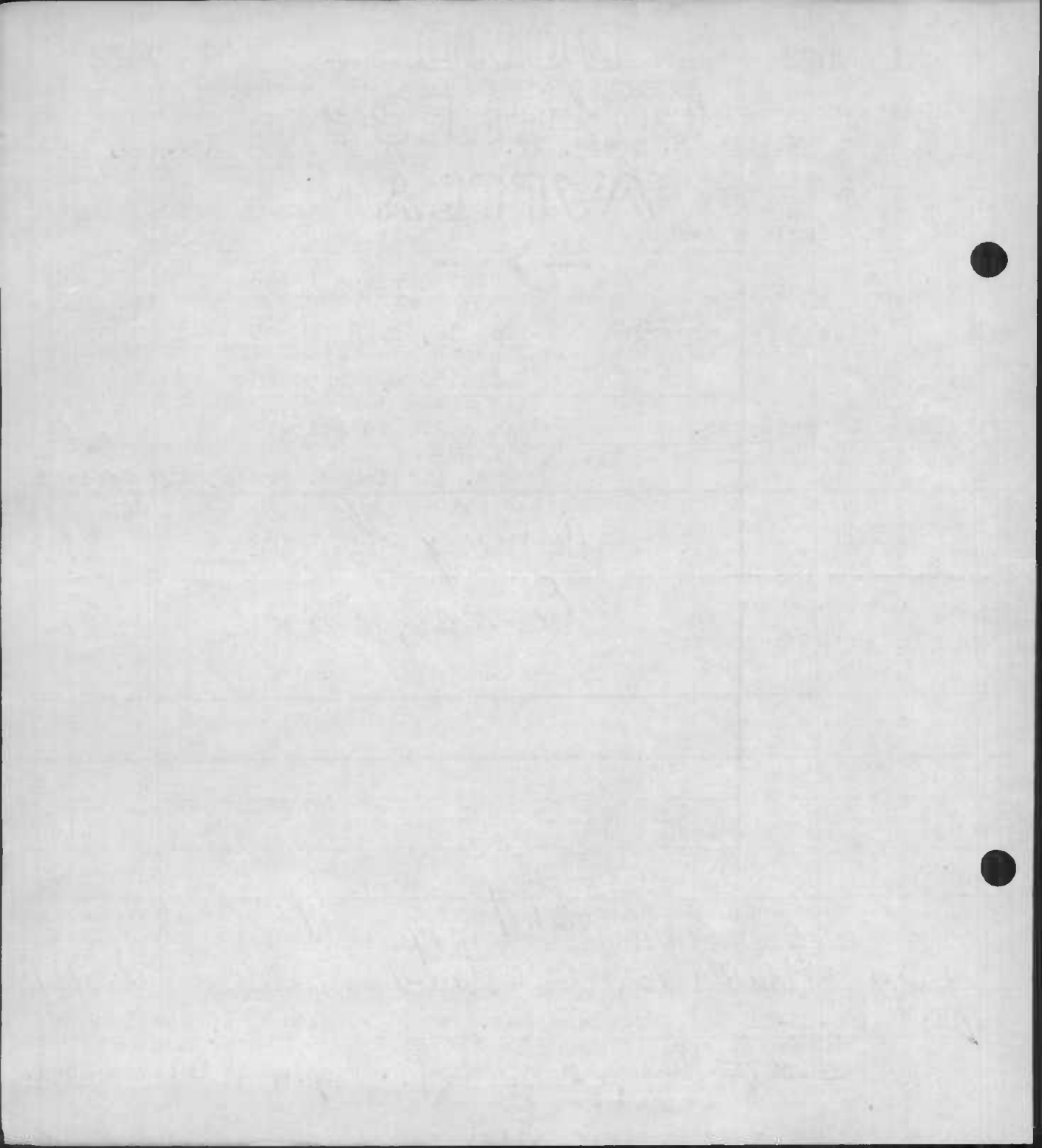
Leontine Williams, M.D.

Leonard J. Ruck, 5305 Garford Road.

VS 150

94a

MEDICAL CERTIFICATION



300
51 7023BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 7023

BIRTH NO.

51-18821

1. NAME OF DECEASED
(Type or Print)

Baby Guil Scott - DARLENE CLARE

2. DATE
OF
DEATH

8-10-57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

8-10-51

9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

7

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

child

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Robert Stratford Scott

14. MOTHER'S MAIDEN NAME

Evelyn Ann Kroucher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Father

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Respiratory Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Atelectasis

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-10, 1957, to 8-10, 1957, that I last saw the deceased alive on 8-10, 1957, and that death occurred at 12:30 m., from the causes and on the date stated above.

23A. SIGNATURE

J. Hedline

M. D.

23B. ADDRESS

Mercy Hosp.

23C. DATE SIGNED

8-10-57

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

8/13/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemers

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Stuntzinger Williams, M.D.

25. FUNERAL DIRECTOR

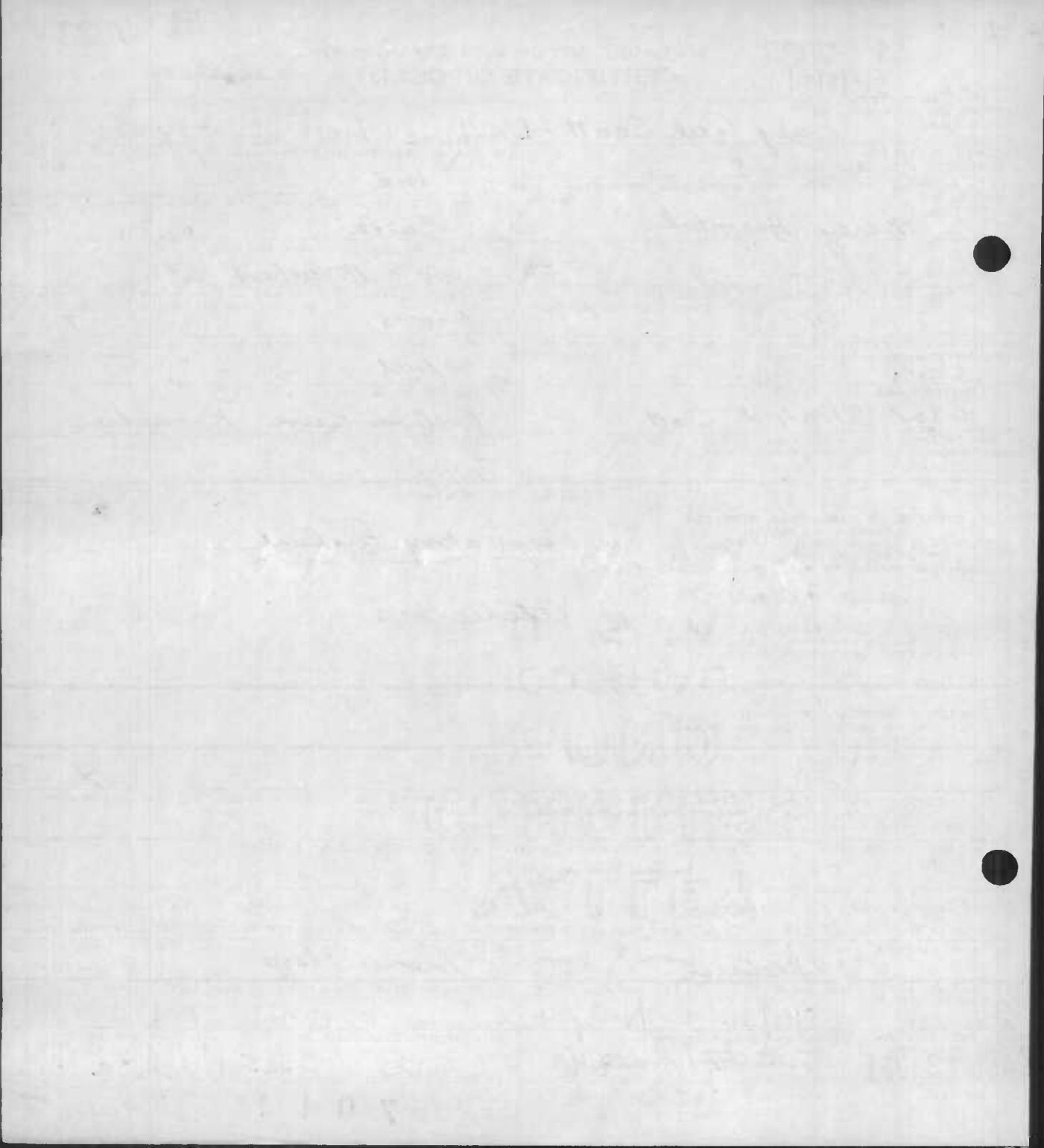
ADDRESS

L. J. Luck

5305 Harford Rd

VS 150

MEDICAL CERTIFICATION



51 7024

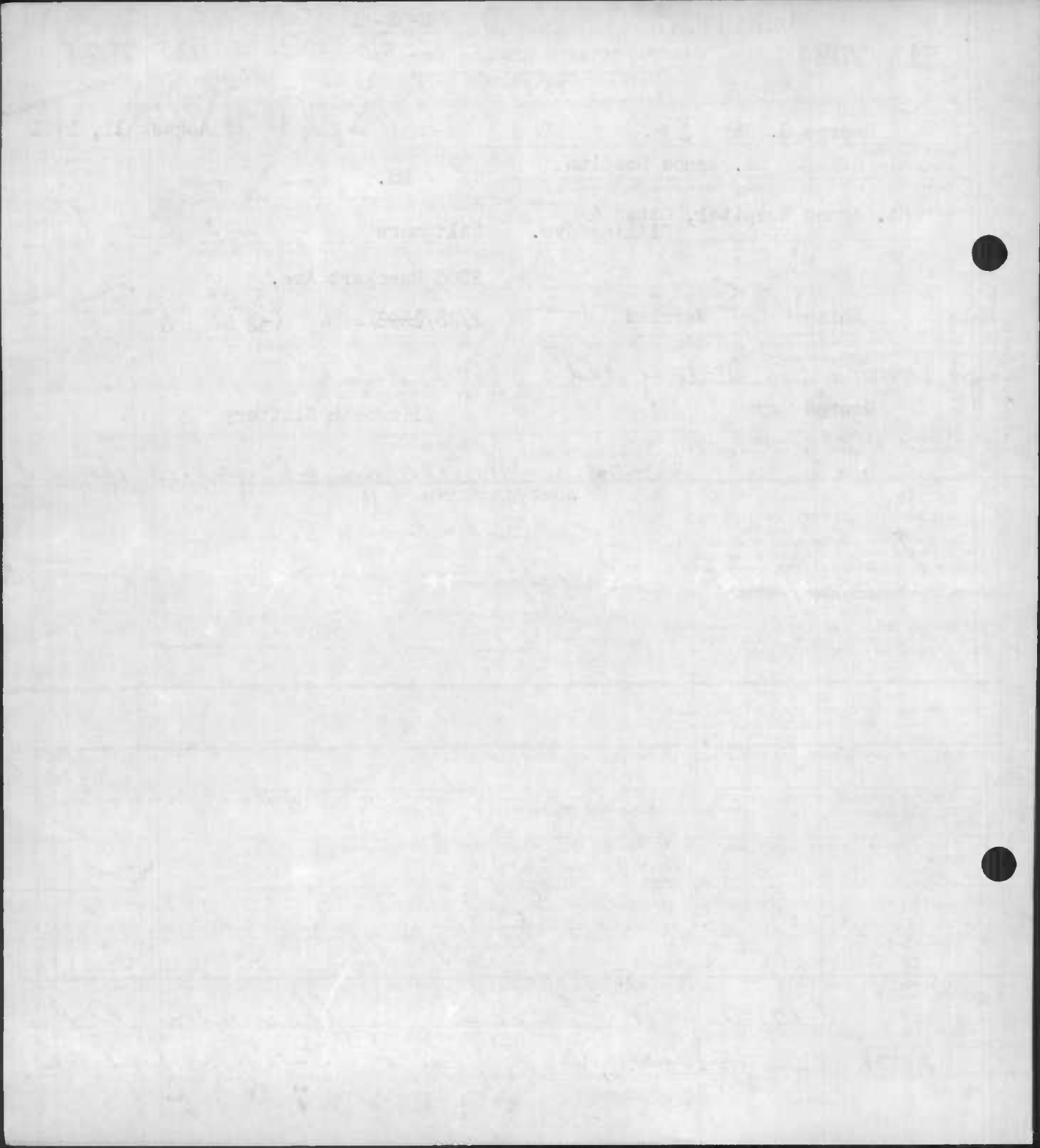
**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 7024

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) George G. Gay Sr.		2. DATE OF DEATH August 11, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland St. Agnes Hospital		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR St. Agnes Hospital, Caton & Wilkins Ave. INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-03	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2806 Rueckert Ave.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2/28/1894
9. AGE (In years last birthday) 58 57 6		10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt Construction		10B. KIND OF BUSINESS OR INDUSTRY State of Md.	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME George Gay		14. MOTHER'S MAIDEN NAME Elizabeth Slattery	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. 215-07-9180	
17. INFORMANT Mrs. Margaret C. Gay		ADDRESS 2806 Rueckert	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiac dilatation & coronary occlusion & cardiac hypertrophy.		INTERVAL BETWEEN ONSET AND DEATH	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic Hypertension			
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
21. DATE OF OPERATION		22. MAJOR FINDINGS OF OPERATION	
23. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
24. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		25. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
27. TIME (Month) (Day) (Year) (Hour) INJURY		28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
29. HOW DID INJURY OCCUR?			
30. I hereby certify that I attended the deceased from 6-12 , 19 51 , to 8-11 , 19 51 , that I last saw the deceased alive on 8-11 , 19 51 , and that death occurred at 1:30 pm. , from the causes and on the date stated above.			
31. SIGNATURE Harry L. Knapp		32. ADDRESS St. Agnes Hosp.	
33. DATE SIGNED 8-11-51			
34. BURIAL, CREMATION, REMOVAL (Specify)		35. NAME OF CEMETERY OR CREMATORY	
Burial		St. Francis	
36. DATE 8-14-51		37. LOCATION (City, town, or county) (State) Bethesda, Md.	
38. REGISTRAR'S SIGNATURE William Williams		39. FUNERAL DIRECTOR L. J. Luck	
40. ADDRESS 5305 Harford Rd.			



635 51 7025

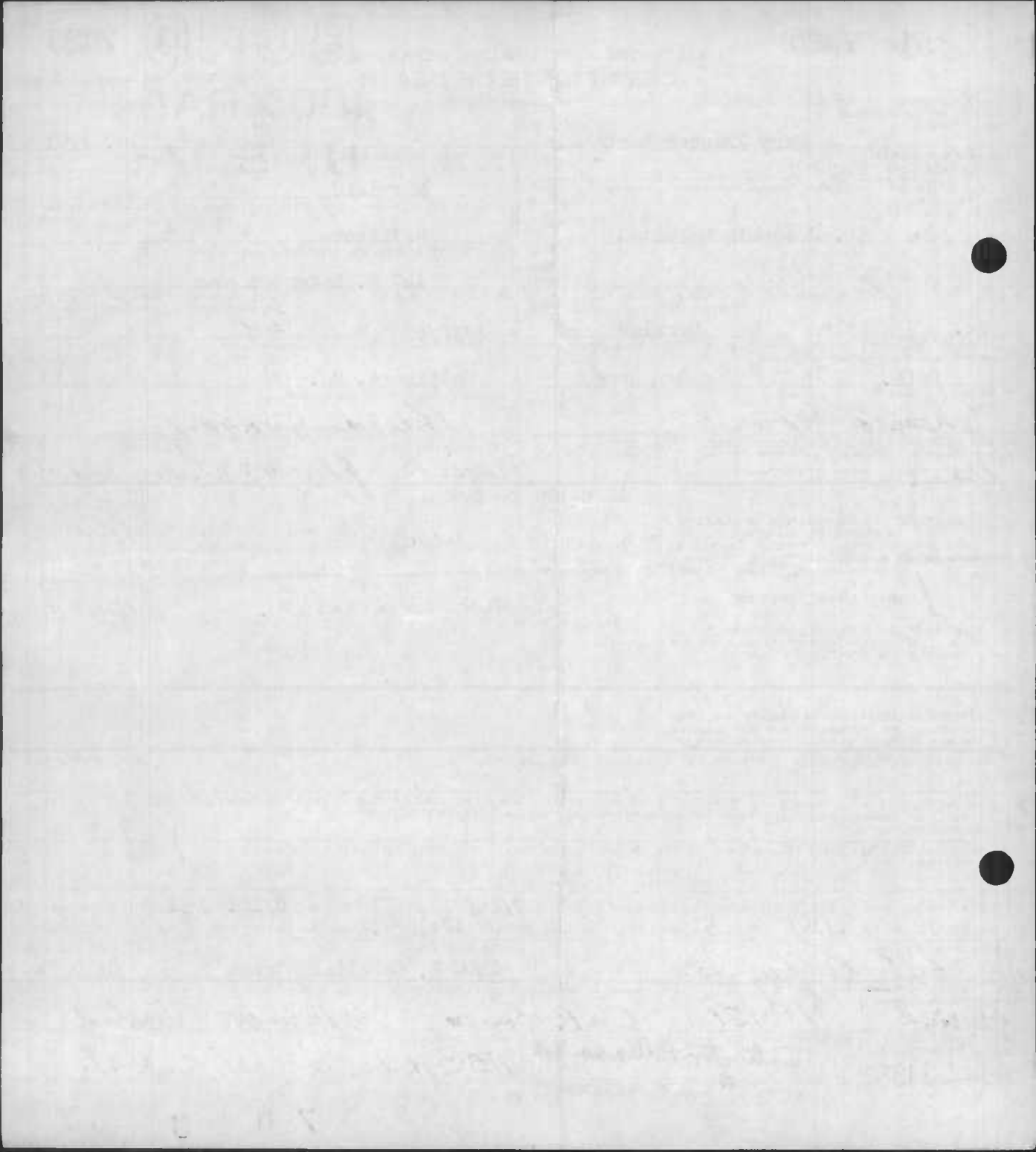
51 7025

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Mary Frances Bartens		August 10, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 147 N. Lakewood Avenue	
5. SEX Fe.	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1/10/82
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hwfe.		10B. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (in years last birthday) 69
13. FATHER'S NAME Thomas Connor		11. BIRTH PLACE (State or foreign country) Baltimore, Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? U.S.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Thea Connor	
17. INFORMANT Mance Burphy		ADDRESS 147 N. Lakewood Ave	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia		INTERVAL BETWEEN ONSET AND DEATH Unknown	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic nephritis		Unknown	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7/24/1951 to 8/10/1951, that I last saw the deceased alive on 8/10/1951, and that death occurred at 12:30 PM, from the causes and on the date stated above.			
23A. SIGNATURE L. P. Coffey Jr.		23B. ADDRESS 1400 N. Caroline Street	
23C. DATE SIGNED 8/10/51			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 8/14/51	
24C. NAME OF CEMETERY OR CREMATORY Oak Lawn		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR AUG 13 1951		REGISTRAR'S SIGNATURE R. H. Williams, M.D.	
25. FUNERAL DIRECTOR W. A. Cook Inc.		ADDRESS 1217 St. Paul St.	

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40 51 7026

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7026

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ida Shipley

2. DATE
OF
DEATH

August 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Maryland General Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

Life

5. SEX

6. COLOR OR RACE

F

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 10, 1871

9. AGE (In years
last birthday)

79

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Church Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

U.S. Customs

13. FATHER'S NAME

John Carroll Middlekoff

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

14. MOTHER'S MAIDEN NAME

Gertrude F. McFaul

17. INFORMANT

ADDRESS

Mrs. E. G. Shipley 900 W. University Hwy.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Hypertensive Arteriosclerotic
DUE TO Cardiovascular Disease.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Aug. 8, 1951, to Aug. 12, 1951, that I last saw the
deceased alive on Aug. 2, 1951, and that death occurred at 4:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Frank D. Hauber

M. D.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

Aug. 12, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

8/15/51

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town or county)

Capeville Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

AUG 13 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

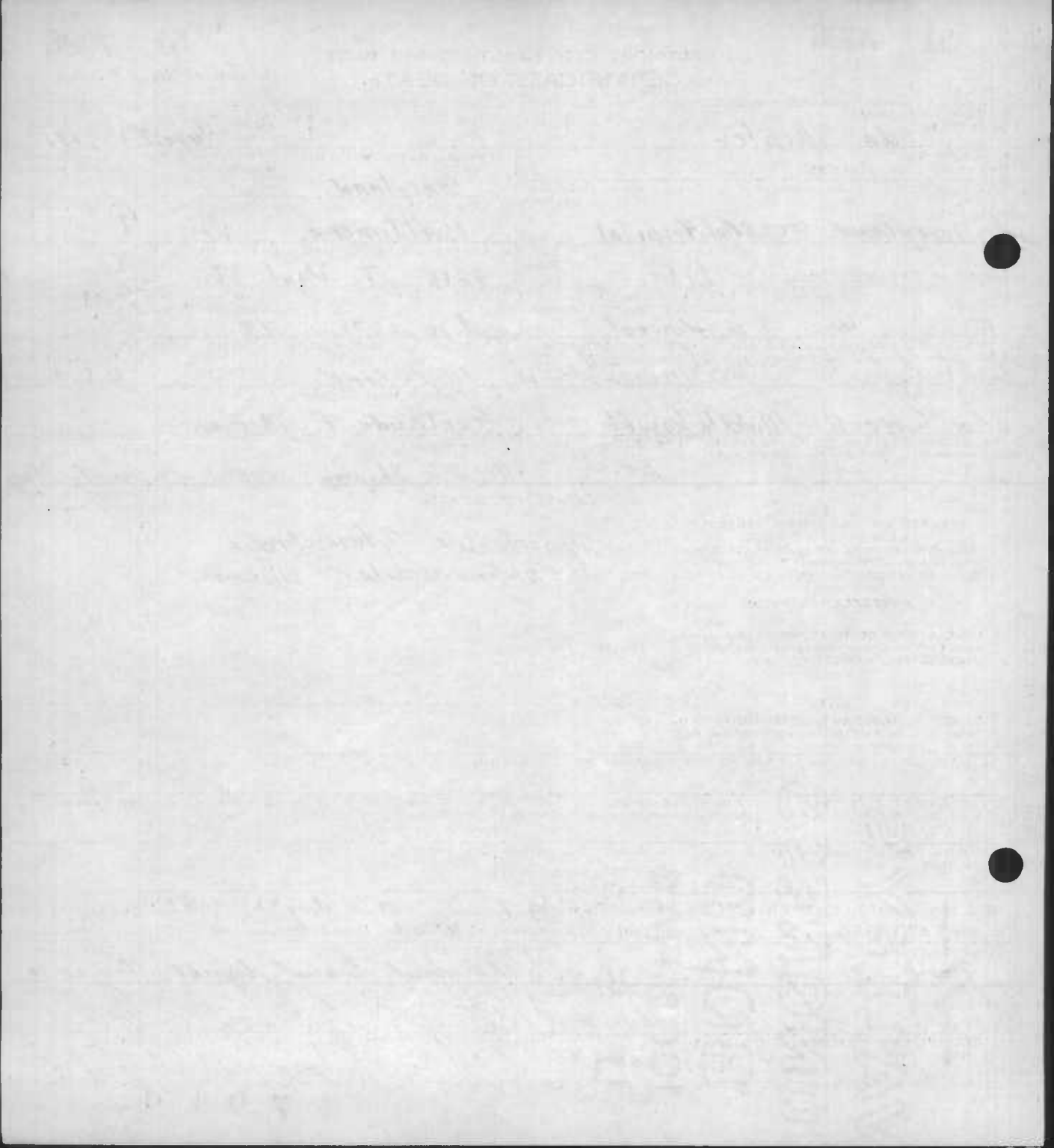
ADDRESS

1217 St Paul St

VS 150

1951000701493D

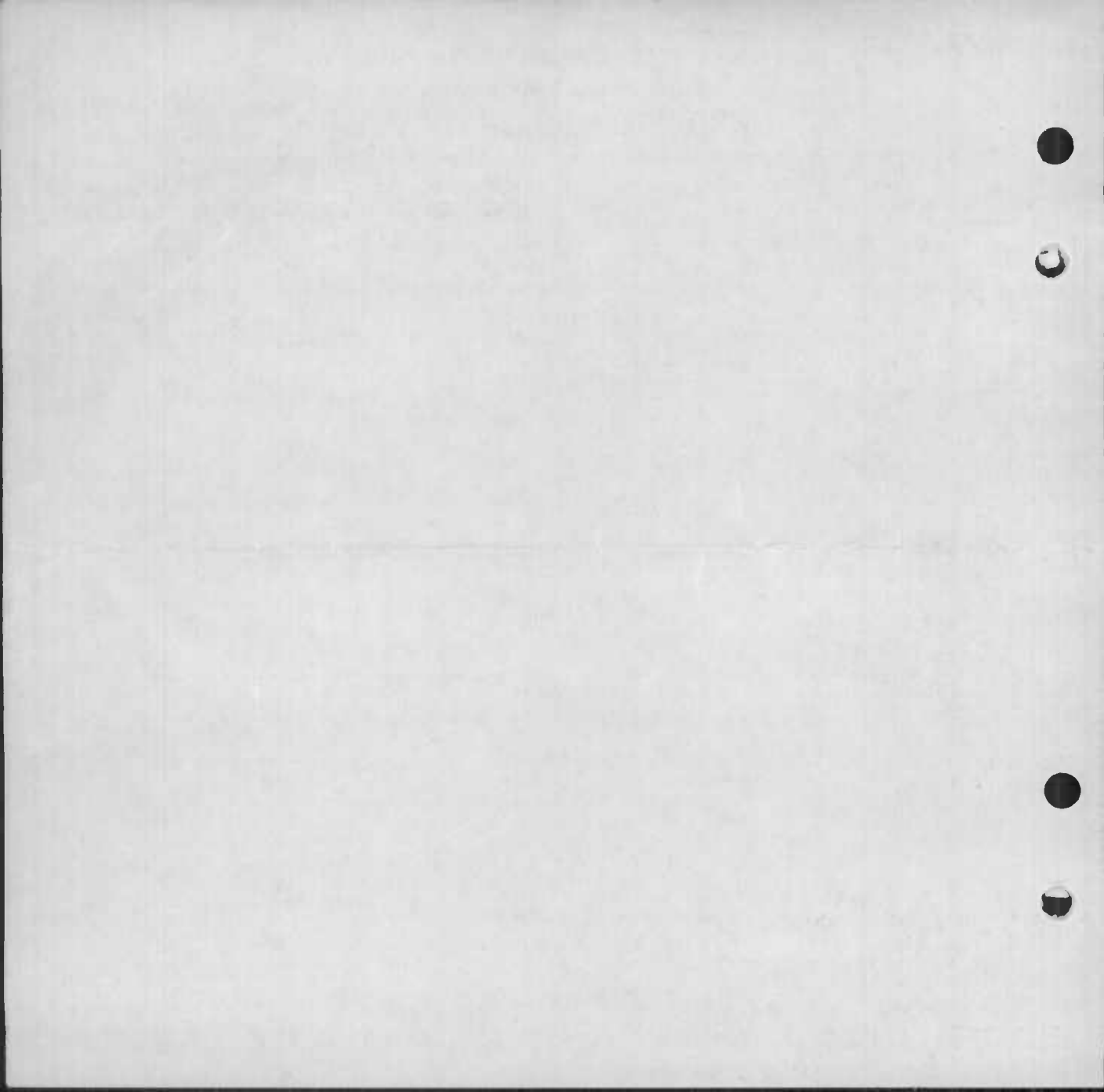
MEDICAL CERTIFICATION



51 7027 State of Maryland Baltimore City Health Dept
MARYLAND STATE DEPARTMENT OF HEALTH
City of Baltimore 2411 N. Charles Street, Baltimore
51 7027
Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY <u>Baltimore</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Baltimore</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Baltimore</u>	
TOWN <u>Baltimore</u>		TOWN <u>24-04</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>119 Bloomsbury St.</u>		STREET ADDRESS (If rural, give location) <u>119 Bloomsbury St.</u>	
3. NAME OF DECEASED (Type or Print) <u>Annie Elizabeth Tannary</u>		4. DATE OF DEATH (Month) <u>Aug.</u> (Day) <u>11</u> (Year) <u>1951</u>	
5. SEX <u>F.</u>		6. COLOR OR RACE <u>W</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Sept. 6, 1870</u>	
9. AGE last birthday <u>80</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Christopher Lentz</u>		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>—</u>	
17. INFORMANT AND ADDRESS <u>Howard Tannary (son)</u> <u>119 Bloomsbury St.</u>		18. MEDICAL CERTIFICATION	
19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>cerebral vascular accident</u>		<u>6 days</u>	
Antecedent cause(s) (b) <u>hypertensive cardio-vascular dis.</u>		<u>indef.</u>	
(c)			
20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
21. DATE OF OPERATION <u>8/14/51</u>		22. MAJOR FINDINGS OF OPERATION	
23. ACCIDENT (Specify) <u>Stroke</u>		24. PLACE (Home, farm, factory, street, OF office hldg., etc.) <u>Home</u>	
25. CITY (OR TOWN) <u>Baltimore</u>		26. COUNTY <u>Baltimore</u>	
27. STATE <u>Md.</u>		28. INJURY	
29. TIME (Month) (Day) (Year) (Hour) <u>Aug 11 1951</u>		30. INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
31. HOW DID INJURY OCCUR?			
32. I hereby certify that I attended the deceased from <u>July 26</u> , 19 <u>51</u> , to <u>Aug 11</u> , 19 <u>51</u> , that I last saw the deceased on <u>Aug 11</u> , 19 <u>51</u> , and that death occurred at <u>9 P.</u> m., from the causes and on the date stated above.			
SIGNATURE <u>William M. Schneider</u>		ADDRESS <u>3340 Golfview Ave. Balto 15</u>	
DATE SIGNED <u>Aug 11, 1951</u>			
33. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		34. DATE THEREOF <u>8/14/51</u>	
35. NAME OF CEMETERY OR CREMATORY <u>London Park</u>		36. LOCATION (City, town, or county) <u>Baltimore Md</u>	
37. DATE REC'D BY LOCAL REG <u>AUG 13 1951</u>		38. REGISTRAR'S SIGNATURE <u>William M. Schneider</u>	
39. FUNERAL DIRECTOR <u>Wm. M. Schneider</u>		40. ADDRESS <u>1217 St Paul St</u>	



361 51 7028

51 7028

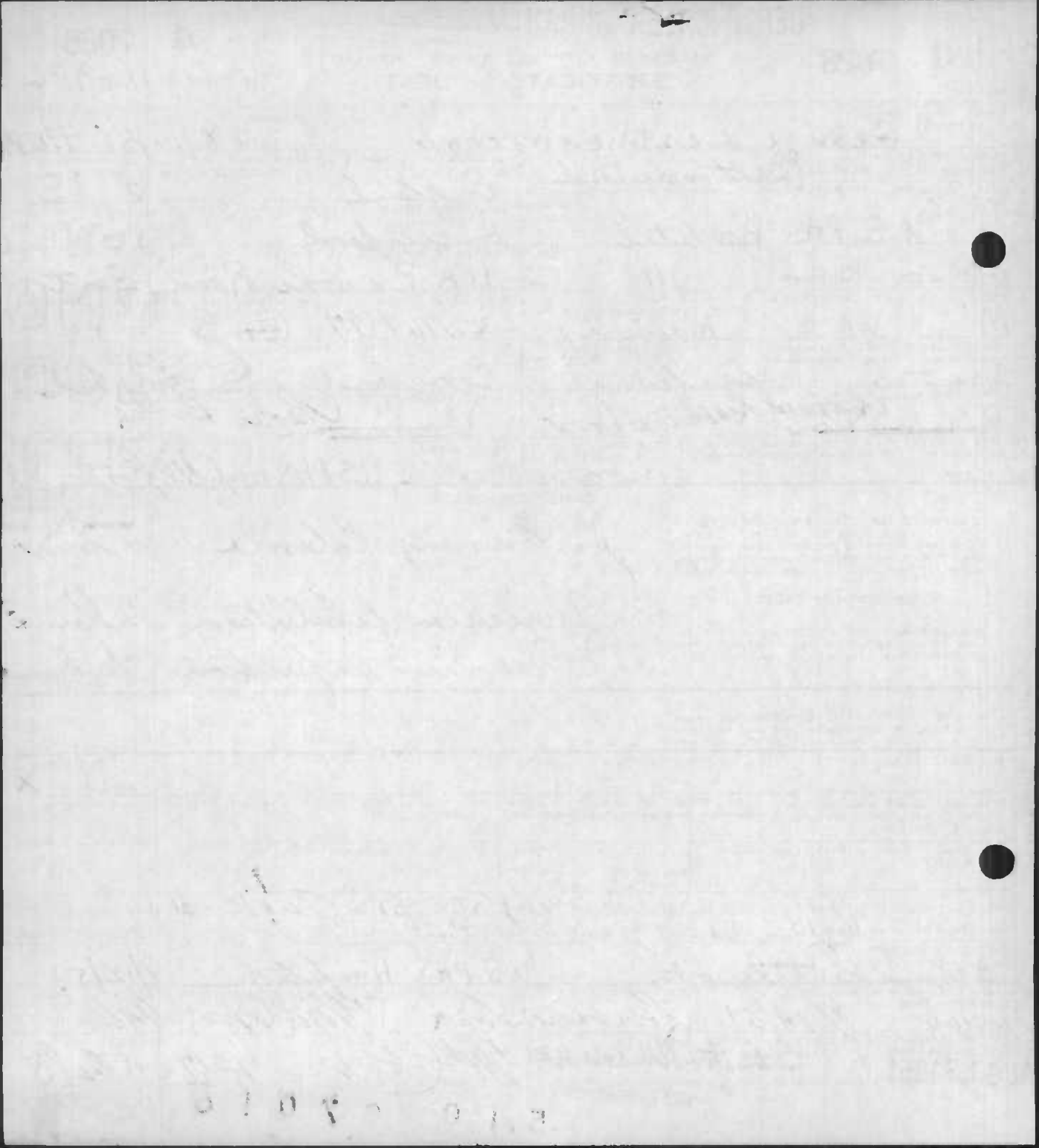
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 114986

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>George Leatherbarrow</u>		2. DATE OF DEATH <u>8/10/51 4:12 PM</u>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <u>Baltimore, Md.</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>England</u> b. COUNTY <u>London</u>			
b. FULL NAME OF HOSPITAL OR INSTITUTION <u>U S PHS Hospital</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>London</u>			
c. Length of stay in Baltimore <u>11</u>		d. STREET ADDRESS (If rural, give location) <u>11A Brooke Road, East</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 16 1897</u>		
			9. AGE (In years last birthday) <u>(54) 53</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Master</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>gas fitting</u>		11. BIRTHPLACE (State or foreign country) <u>England</u>	
13. FATHER'S NAME <u>Richard Leatherbarrow</u>		14. MOTHER'S MAIDEN NAME <u>Thelma Brock</u>		12. CITIZEN OF WHAT COUNTRY? <u>England</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT ADDRESS <u>Room 1, U.S. PHS Hospital, Balt. - Md.</u>	

18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) <u>Pneumonia</u>		DUE TO		<u>2 hours</u>	
ANTECEDENT CAUSES		(B) <u>Pericardial fibrillation</u>		<u>2 hours</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		<u>Unknown</u>	
(C) <u>Myocardial infarction</u>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19a. DATE OF OPERATION <u>8/10/51</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>July 30, 1951</u> to <u>Aug 10, 1951</u> , that I last saw the deceased alive on <u>Aug 10, 1951</u> , and that death occurred at <u>4:12 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>John D. Shuttleworth</u>		23b. ADDRESS <u>U.S. PHS Hospital</u>		23c. DATE SIGNED <u>8/12/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/14/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lanham Park</u>	
24d. LOCATION (City, town, or county) <u>Woodlawn</u>		(State) <u>Md.</u>		25. FUNERAL DIRECTOR <u>McCook</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>AUG 13 1951</u>		REGISTRAR'S SIGNATURE <u>W. Williams</u>		ADDRESS <u>1214 St Paul St</u>	



420

51 7029

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7029
Registered No.

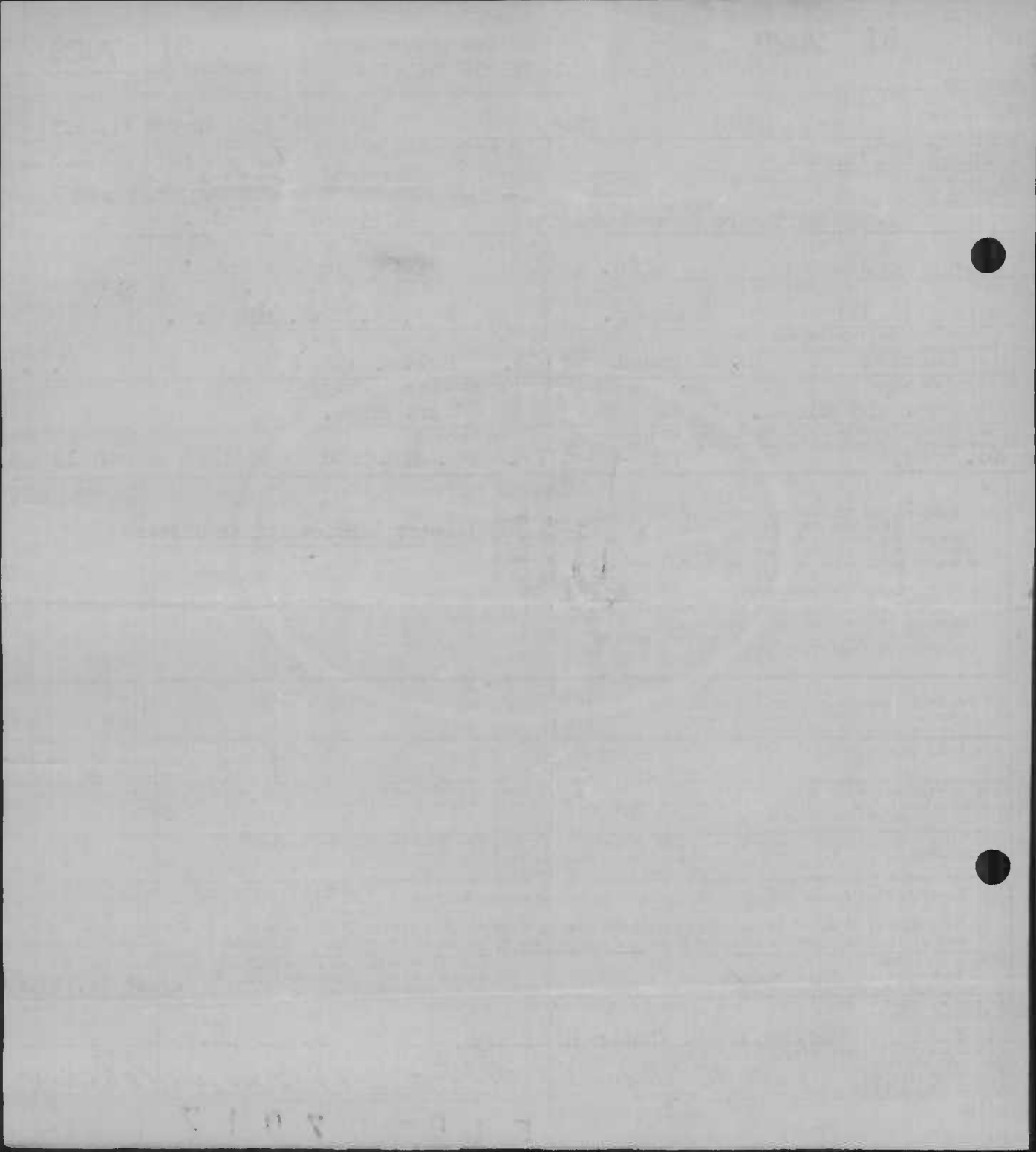
BIRTH NO.			
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
LOUIS BLOSS		August 11, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or location) South Baltimore General Hospital		A. STATE Maryland	
		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 23-02	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1420 Marshall Street	
Life.			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Male	White	Widower.	May, 24, 1889. 62 yrs.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months: Days
Laborer		Lock Insulator Co.	11. BIRTHPLACE (State or foreign country)
13. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY?	
Joseph Bloss.		U.S.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
No.		213-05-5577	
17. INFORMANT		ADDRESS	
Mrs. Mildred Tant		1420 Marshall St	

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
(A) Arteriosclerotic cardiovascular disease		
DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(B)		
DUE TO		
(C)		
II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
INJURY	WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , <u>accident</u> <input type="checkbox"/> , <u>suicide</u> <input type="checkbox"/> , <u>homicide</u> <input type="checkbox"/> , <u>undetermined</u> <input type="checkbox"/> .				
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER		23C. DATE SIGNED
<i>William V. Lott</i>		M.D. MEDICAL INVESTIGATOR		August 11, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Aug. 14, 1951	Cedar Hill Cem.	A. A. Co.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
AUG 13 1951	<i>William V. Lott</i>	<i>G. Howard Evans</i>	1408 B. Harbor St



51 7030

51-58/8-4/2074/cee
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7030

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Thomas Gallagher

2. DATE OF DEATH Saturday
August 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

St. Joseph's Hospital

C. Length of stay in Baltimore

About 55yr.

Yrs.

5. SEX

Male

White

7. SINGLE, MARRIED,

Married

WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Oilier (Machine)

10B. KIND OF BUSINESS OR INDUSTRY

Westinghouse Electric

13. FATHER'S NAME

Patrick J. Gallagher

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

213-10-8190

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

24-03

D. STREET ADDRESS (If rural, give location)

(201) Gittings Street

8. DATE OF BIRTH

August 31, 1889

9. AGE (In years last birthday)

61

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Norfolk, Virginia

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

14. MOTHER'S MAIDEN NAME

Margaret E. Capito

17. INFORMANT

ADDRESS

Mrs. Beatrice D. Gallagher - Same

18. 465X

CAUSE OF DEATH (WIFE)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary embolism

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Pulmonary edema

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/7/1951, to 8/11/1951, that I last saw the deceased alive on 8/11/1951, and that death occurred at 8:30 A.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1400 N. Caroline Street

8/11/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

Tues. Aug. 14, 1951

24C. NAME OF CEMETERY OR CREMATORY

NEW CATHEDRAL CEMETERY

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 13 1951

J. Williams, M.D.

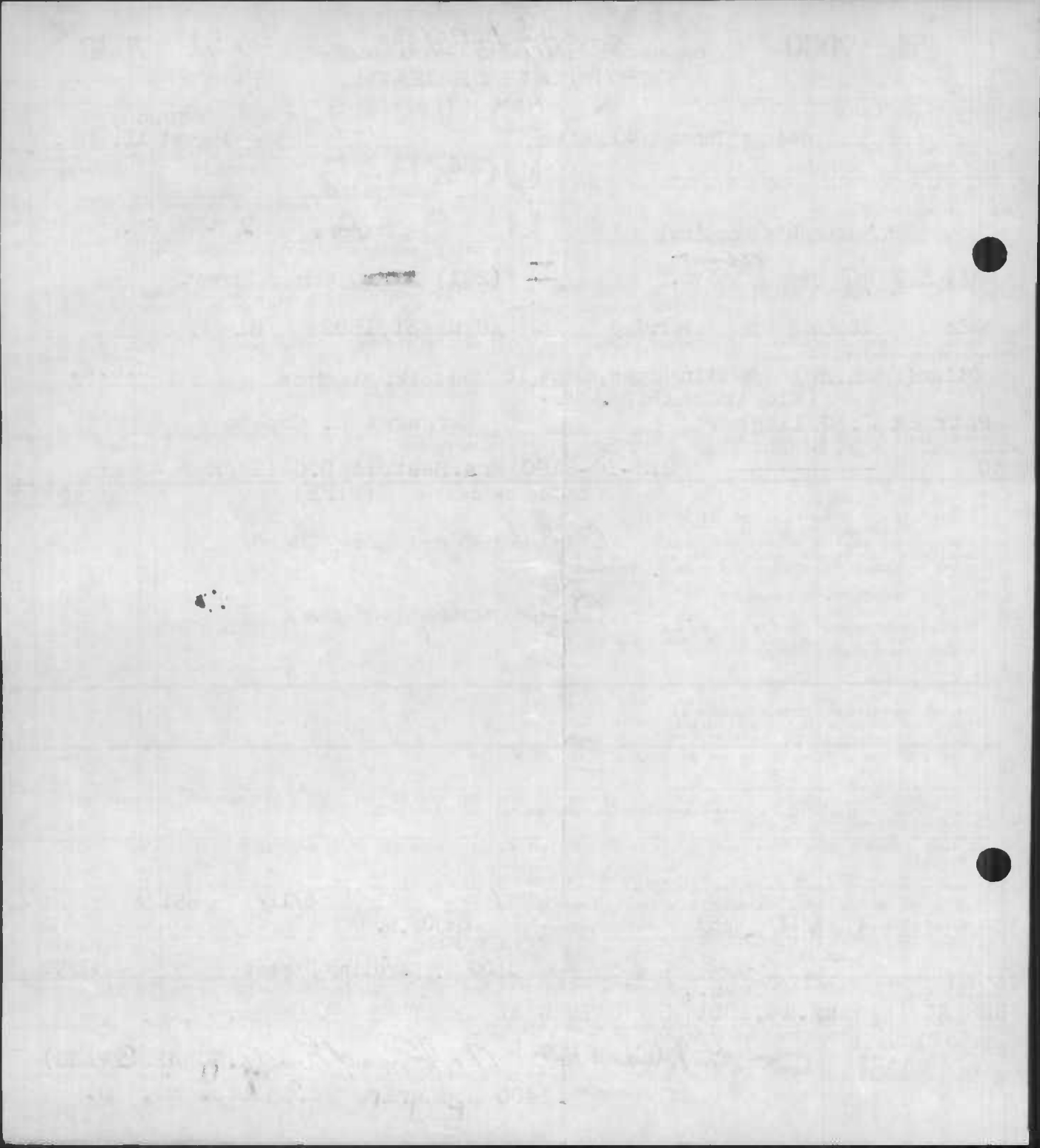
A. Howard Evans (A. HOWARD EVANS)

1400 S. Charles St., Balto. 30, Md.

662-3111

111a

MEDICAL CERTIFICATION



-200
51 70317031
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7031

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary J. Ries

2. DATE
OF
DEATH

8/11/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

416 So. Payson St.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5-7 yrs

5. SEX

Female white

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

5/6/1865

9. AGE (in years
last birthday)

86

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House work

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Hanover Pa.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John S. Brady

14. MOTHER'S MAIDEN NAME

Elizabeth Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Martha M. Dressel Payson St.

18. 321X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage
Hypertension

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Generalized Arteriosclerosis
Cerebral Arteriosclerosis
Broncho Pneumonia

8/8/51

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

8/5/51

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 5, 1951, to Aug. 11, 1951, that I last saw the
deceased alive on Aug. 10, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

K. Kulevity

M. D.

23B. ADDRESS

244 N. Hilton St.

23C. DATE SIGNED

8/11/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial
DATE RECEIVED BY
LOCAL REGISTRAR

24B. DATE

8/14/51

REGISTRAR'S SIGNATURE

[Signature]

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cem.

24D. LOCATION (City, town, or county)

Ritchie & Gurney Ind.

(State)

25. FUNERAL DIRECTOR

John J. Lowan & Son

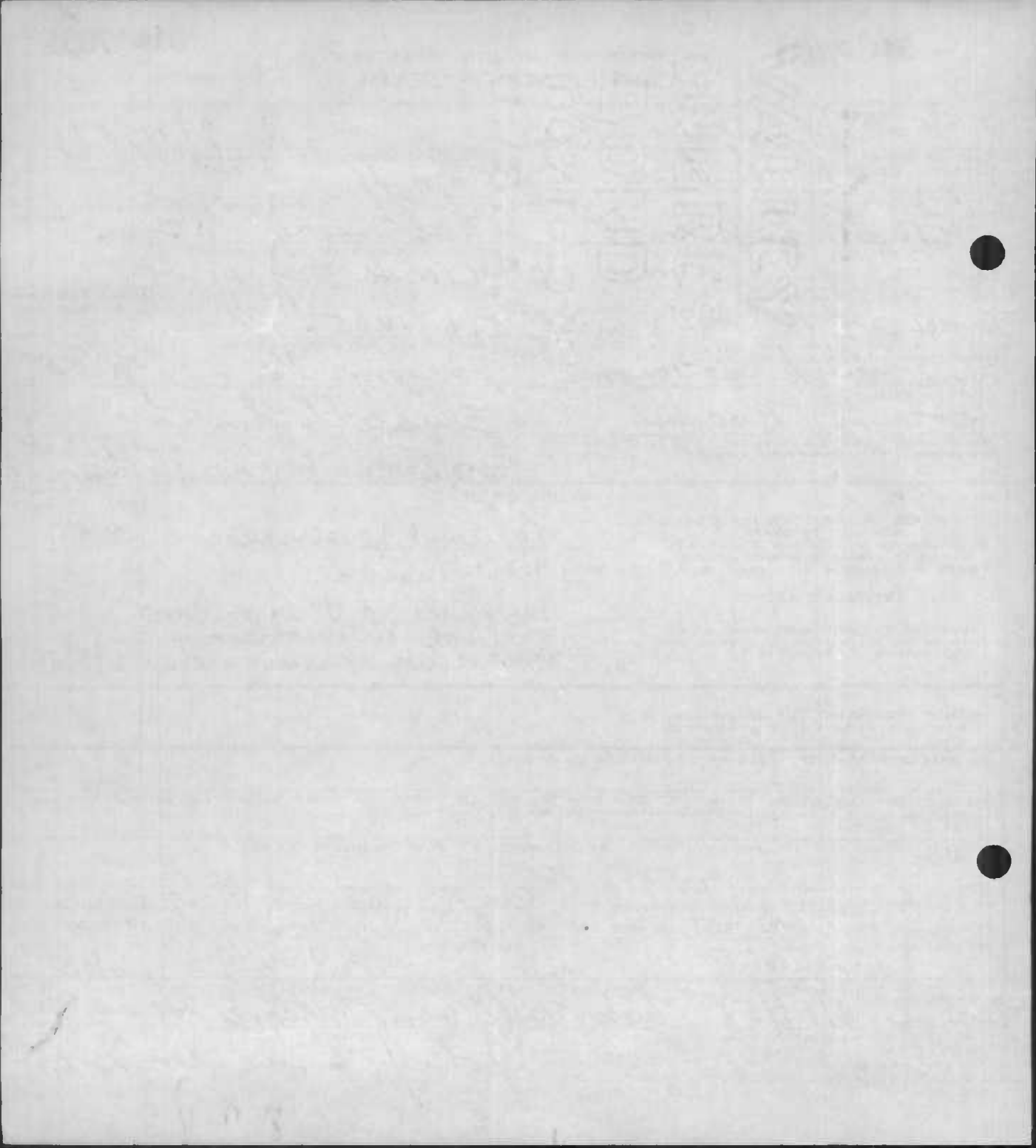
ADDRESS

[Address]

VS 150

51000701983a

MEDICAL CERTIFICATION



51 7032

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7032

Registered No.

BIRTH NO.

D-320

1. NAME OF DECEASED
(Type or Print)

MRS MARIA DIETZ

2. DATE
OF
DEATH

Aug. 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

C. Length of stay in Baltimore

72

Yrs.
Mths.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Oct. 10, 1865

9. AGE (In years
or birthday)

85

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of work life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

NONE

13. FATHER'S NAME

JOHN ZIMMERMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

DIANA LOSER

ADDRESS

JAME

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) GANGRENE OF BOWEL

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) INCARCERATED HERNIA

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

100 Days

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Aug. 8, 1951

19B. MAJOR FINDINGS OF OPERATION

INCARCERATED HERNIA

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 8 51, 19, to Aug. 12, 1951, that I last saw the
deceased alive on 22 Aug 1951 and that death occurred at 4:45 m., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Williams

M. D.

23B. ADDRESS

The Hospital

23C. DATE SIGNED

Aug 12, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

8/15/51

24C. NAME OF CEMETERY OR CREMATORY

ST. PAUL CEM

24D. LOCATION (City, town, or county)

VIOLETSVILLE MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

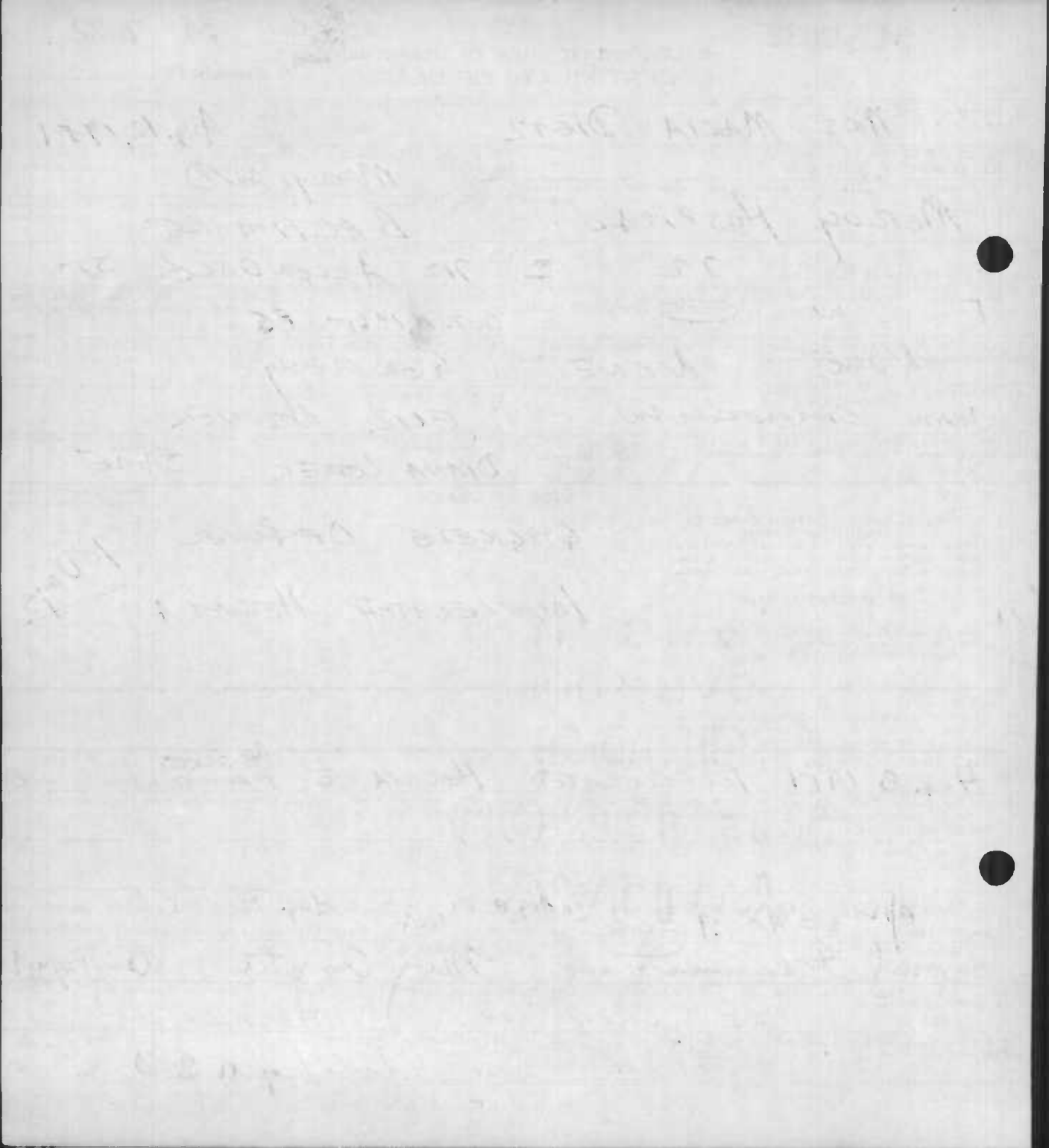
REGISTRAR'S SIGNATURE

J. J. Williams

25. FUNERAL DIRECTOR

Wm. J. Tucker, funeral 220 md.

ADDRESS



51 7033

51 7033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 13-424		1. NAME OF DECEASED (Type or Print) WILLIAM FRANCIS BLEAKLEY		2. DATE OF DEATH Aug. 9, 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE Md. b. COUNTY			
b. FULL NAME OF HOSPITAL OR INSTITUTION 2903 Mosher St.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) 2903 Mosher St. 16-06			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 1896		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) traveling salesman		10b. KIND OF BUSINESS OR INDUSTRY Clothing	9. AGE (In years last birthday) (56) 54		11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME Samuel A. Bleakley		14. MOTHER'S MAIDEN NAME Mary I. Dutton		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. 217-09-0542		17. INFORMANT ADDRESS Mrs. Catherine Bleakley - 2903 Mosher St.	
18. 196x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Brain Tumor (astrocytoma)		CAUSE OF DEATH (A) Brain Tumor (astrocytoma) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION 2/2/51		19b. MAJOR FINDINGS OF OPERATION Craniotomy - tumor		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/5 , 19 51 , to 8/9 , 19 51 , that I last saw the deceased alive on 8/8 , 19 51 , and that death occurred at 12:30 P.m. , from the causes and on the date stated above.					
23a. SIGNATURE Thomas L. Wansley, Jr.		23b. ADDRESS 2900 Alameda Rd		23c. DATE SIGNED 8/14/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/13/51		24c. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.	
24d. LOCATION (City, town, or county) (State) Pikesville, Md.		25. FUNERAL DIRECTOR Wm. J. Lickner & Sons - Balt. Md 55B			

It has been under the care of
Dr. Earl Foss who was on
Vacation at the time of death

James H. Warden

51 7034

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7034

Registered No.

BIRTH NO.

S-160

1. NAME OF DECEASED (Type or Print) <i>Henry M. Schaeffer</i>		2. DATE OF DEATH <i>Aug 11, 51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Room 3</i>		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>Ind.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>Cambridge Apts. 1102</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>3-24-78</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>President</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Offset Printing Co.</i>	9. AGE (In years last birthday) <i>73</i>
11. BIRTHPLACE (State or foreign country) <i>Ind.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Edward Schaeffer</i>		14. MOTHER'S MAIDEN NAME <i>LENA DEKIN</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war nr dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

13. <i>581.1</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Gastric ulcer with hemorrhage 2 days</i>	
ANTECEDENT CAUSES	DUPLICATE	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>Also hypertensive cardiovascular disease and:</i>	
	(C) <i>Laennec's cirrhosis</i>	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in nr about home, farm, factory, street, office hldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Aug. 9, 1951</i> to <i>Aug. 11, 1951</i> , that I last saw the deceased alive on <i>Aug. 11, 1951</i> , and that death occurred at <i>12:45 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Rev. R. Martin</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>8-11-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>8/14/51</i>		24C. NAME OF CEMETERY OR CREMATORIUM <i>Druid Ridge Cem.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 13 1951</i>		REGISTRAR'S SIGNATURE <i>Wm. J. Tuckner</i>		25. FUNERAL DIRECTOR <i>Wm. J. Tuckner & Sons Inc. Balto Md</i>	
24D. LOCATION (City, town, or county) (State) <i>Pikesville, Md.</i>					

Handwritten text, possibly a date or signature.

Handwritten text, possibly a name or title.

Handwritten text, possibly a date or signature.

Handwritten text, possibly a name or title.

Handwritten text, possibly a date or signature.

51 7035

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7035

Registered No.

BIRTH NO. U-360

1. NAME OF DECEASED
(Type or Print)

SARAH ANN VETRA

2. DATE
OF
DEATH

Aug 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3013 Wylie Ave.

27-16

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 3, 1870

9. AGE (In years
last birthday)

80

10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Home

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Chance, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

William B. White

14. MOTHER'S MAIDEN NAME

Louise Tigner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

None

17. INFORMANT ADDRESS
Miss Mollie S. Vetra 3013 Wylie Ave.

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Anteriosclerotic Cardi -
Vascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Senility
(C)INTERVAL BETWEEN
ONSET AND DEATH

4 years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 47, 1951 to Aug 12, 1951 that I last saw the
deceased alive on Aug 10, 1951, and that death occurred at 3:30 p.m. from the causes and on the date stated above.

23A. SIGNATURE

James E. White

M. D.

23B. ADDRESS

5214 Harford Rd

23C. DATE SIGNED

13 Aug 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8-15-51 - Harford Rd.

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

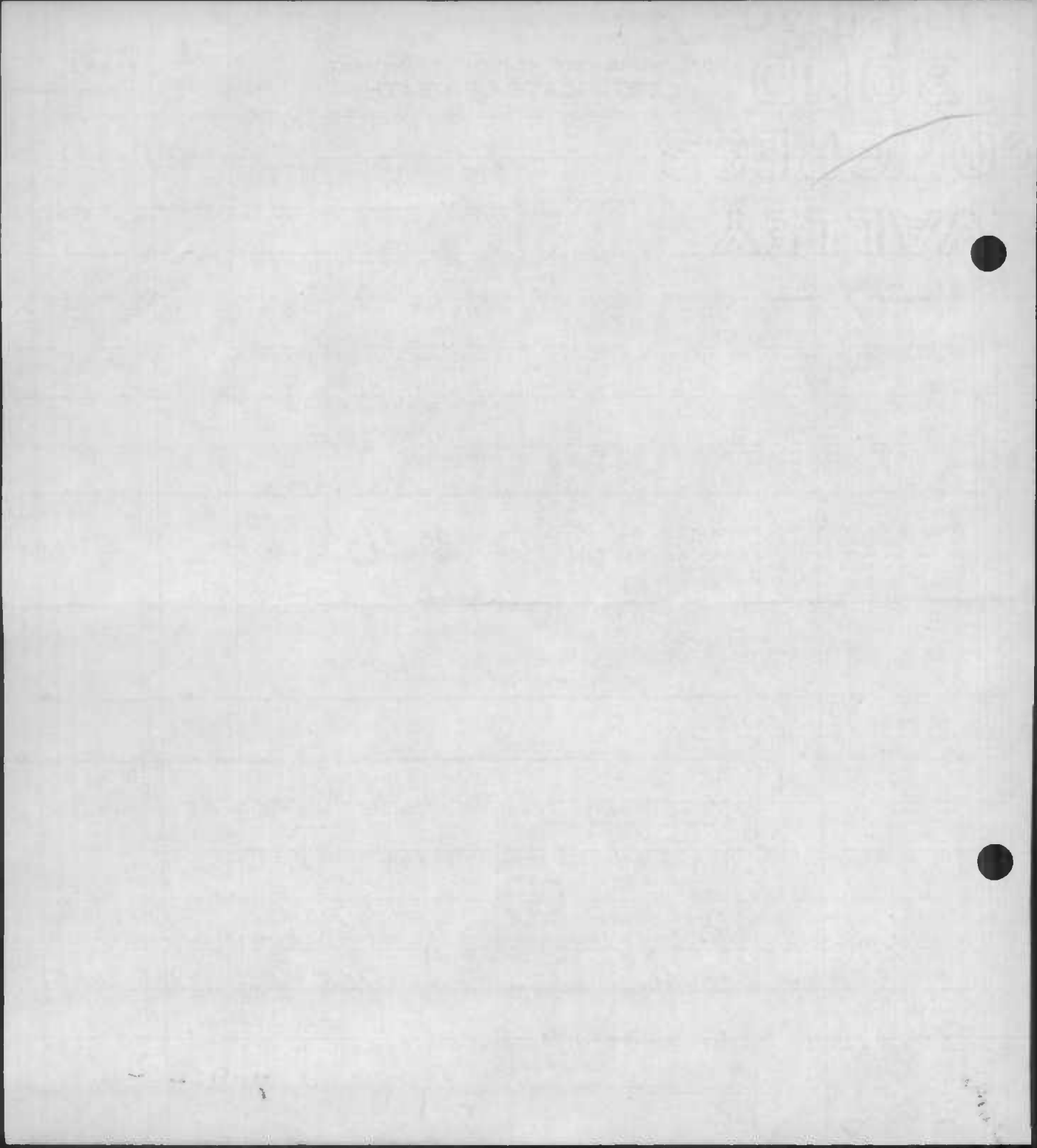
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Tucker, Inc. 705 E. 3rd St.



51 7036 49-23921

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7036

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Phyllis Clark

2. DATE
OF
DEATH

8/10/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Univ. Hosp.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION Univ. Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. E 885.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Drowning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

CERTIFICATION APPROVED BY

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)
Home21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?
1811 Pulaski Street

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

July ? 1951

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

Ate plaster & paint off windowsills

22. I hereby certify that I attended the deceased from 5:00 P.M. 8/10, 1951, to 9:00 P.M. 8/10, 1951, that I last saw the
deceased alive on 8/10, 1951, and that death occurred at 9:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

J. E. Furman

M. D. Univ. Hospital

8/10/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

8/14/51

Arbutus

Arbutus, Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 13 1951

William H. Williams

Geo. H. Keenan 1303

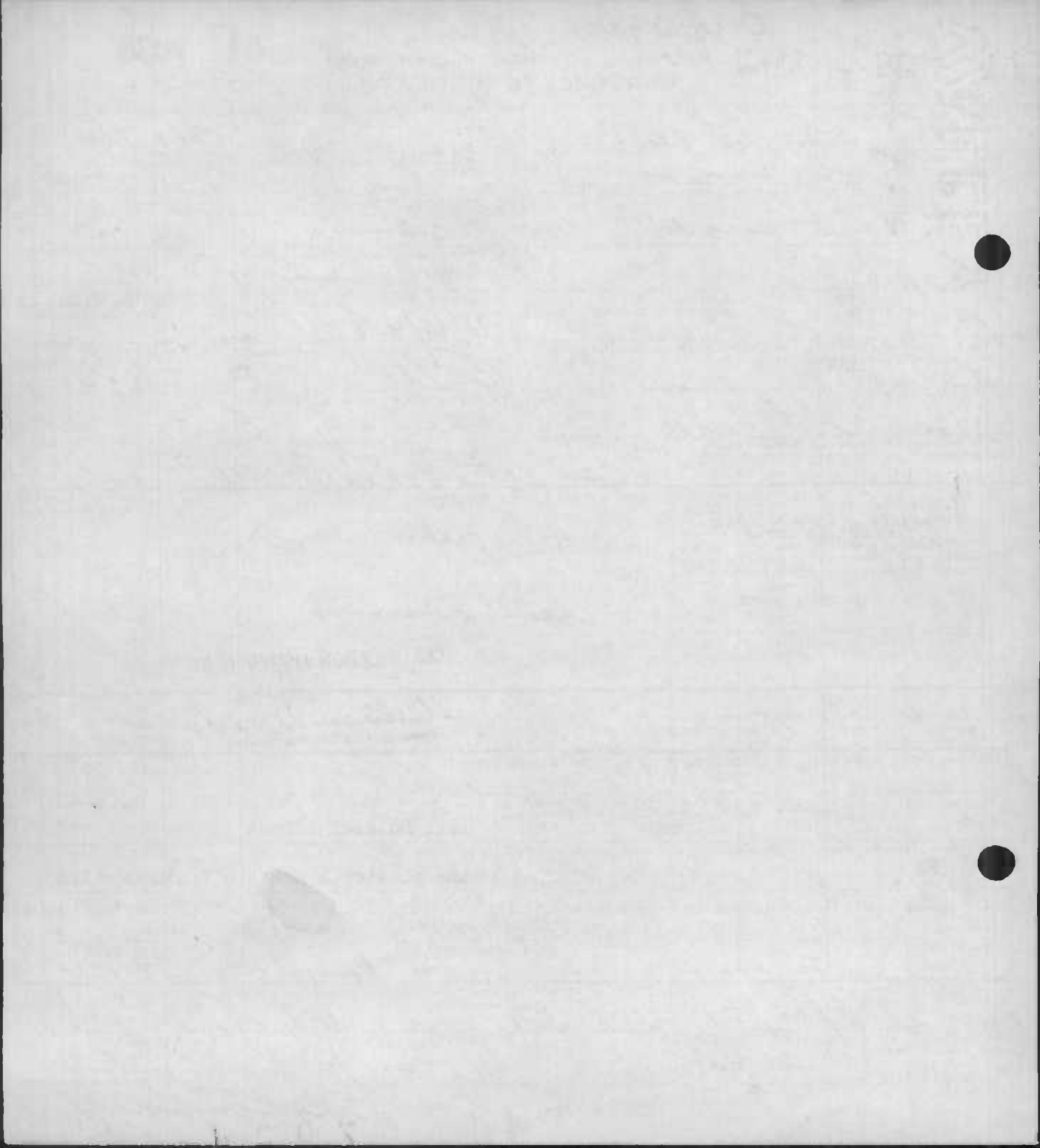
Presatman St

VS 150

N-906.0

7 0 2 1 7813

MEDICAL CERTIFICATION



51 7037

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

BEAMER HENRY

2. DATE
OF
DEATH

AUG 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 434 W. Henrietta St

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
INJURY

23E. INJURY OCCURRED

23F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK22. I hereby certify that I attended the deceased from June 50, 1951, that I last saw the
deceased alive on Aug 5, 1951, and that death occurred at 1:57 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Albany
January 1st 1890

My dear Sir,

I have the honor to acknowledge
the receipt of your letter of the 27th inst.

and in reply to inform you
that the same has been forwarded to the proper
authorities for their consideration.

I am, Sir, very respectfully,
Your obedient servant,

Wm. W. Phelps
Comptroller of the State

Very truly,
Yours,
Wm. W. Phelps

Enclosed

51 7038 T-413
T-416BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7038
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

VINA L TALBETTOR TOLBERT

2. DATE
OF
DEATH

AUG-12-1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION 716 S Hanover4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE Md. B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
BaltimoreD. STREET ADDRESS (If rural, give location)
716 S. Hanover

C. Length of stay in Baltimore

30

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

July-12-1884

9. AGE (In years,

last birthday)

69

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

S. Carolina

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

-

14. MOTHER'S MAIDEN NAME

Freida Evans

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Ophelia Coleman 1624 E. Borne

18. 331X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

My father's severe nephritis.
14 years under my care

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/11, 1957, to 8/12, 1957, that I last saw the
deceased alive on 8/11, 1957, and that death occurred at 10:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Daw Traudner

M. D.

23B. ADDRESS

1222 Lee

23C. DATE SIGNED

8/12/57

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

8/15/57

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

A. L. Co., Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

108-W ADDRESS

J. L. Brown & Son Montgomery St

145100070263a

14

51 7039

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7039

Registered No.

BIRTH NO. E-610

1. NAME OF DECEASED
(Type or Print)

Ada L. Erby.

2. DATE
OF
DEATH

August 11, 1957.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1625 N. Appleton St.

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1625 N. Appleton St. / row

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

March 2, 1870

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Windsboro, S.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Susie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Walter McGill. 1625 N. Appleton St.

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Hypertensive CVA

INTERVAL BETWEEN
ONSET AND DEATH

48 hr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Generalized Arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 9, 1957, to Aug 11, 1957, that I last saw the deceased alive on Aug 11, 1957, and that death occurred at 2:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1202 N. Caroline St.

Aug 12, 1957

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

1957

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

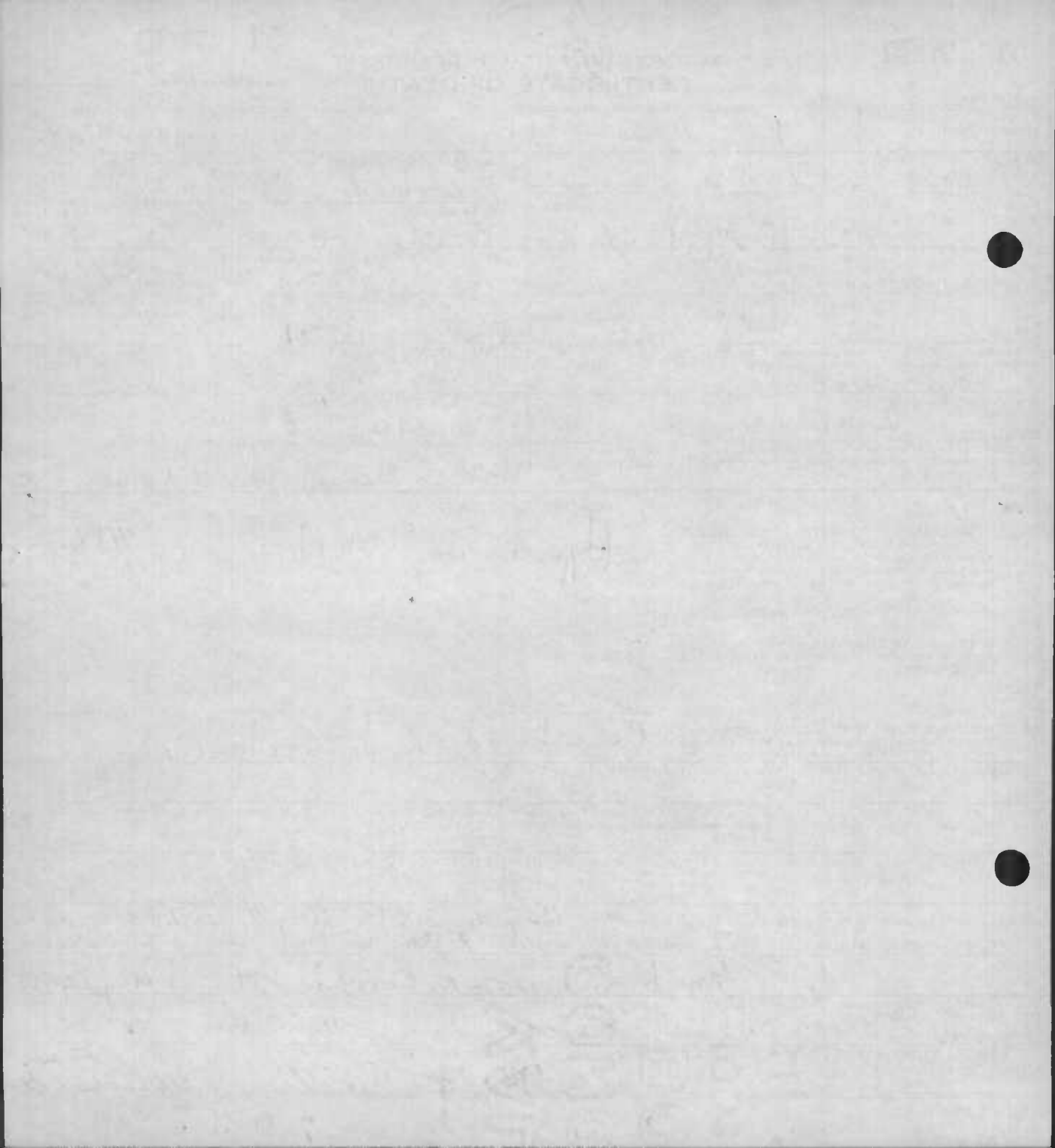
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Mrs. Katie R. Williams Schroeder St.



51 7040

51 7040

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

P- 412

1. NAME OF DECEASED
(Type or Print)

MABEL PHILLIPS

2. DATE
OF
DEATH

8/11/51

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

Provident Hosp.

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

a. STATE

b. COUNTY

Maryland

c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore 17-03

d. STREET ADDRESS (If rural, give location)

715 W. LANVALE

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

6/15/1901 50

9. AGE (In years,
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Phillips

14. MOTHER'S MAIDEN NAME

Bertina Corbin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Edna Lee 715 W. Lanvale St.

18. 330X1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Subarachnoid Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertension

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)22. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 8/11, 1951 to 8/11, 1951, that I last saw the
deceased alive on 8/11, 1951, and that death occurred at 11:59 m., from the causes and on the date stated above.

23a. SIGNATURE

John H. Holmes III M.D.

23b. ADDRESS

Provident Hosp.

23c. DATE SIGNED

8/12/51

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

Aug. 15, 1951

24c. NAME OF CEMETERY OR CREMATORY

Arbiter Memorial

24d. LOCATION (City, town, or county) (State)

Arbiter, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Mrs. Katie B. Williams

Schroeder St.

83a

51 7041 50.14426 BALTIMORE CITY HEALTH DEPARTMENT

51 7041

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HEROY SPARROW

2. DATE
OF
DEATH

Aug 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

HLH-4W

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

622 W. HAMBURG ST.

21-01

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days Hours: Min.

MALE

COLORED

SINGLE

7-7-50

1

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

CHARLES SPARROW

14. MOTHER'S MAIDEN NAME

MARLE EATON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 010X 1 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 2-6-51, to 8-11-1951, that I last saw the
deceased alive on 8-11-1951, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

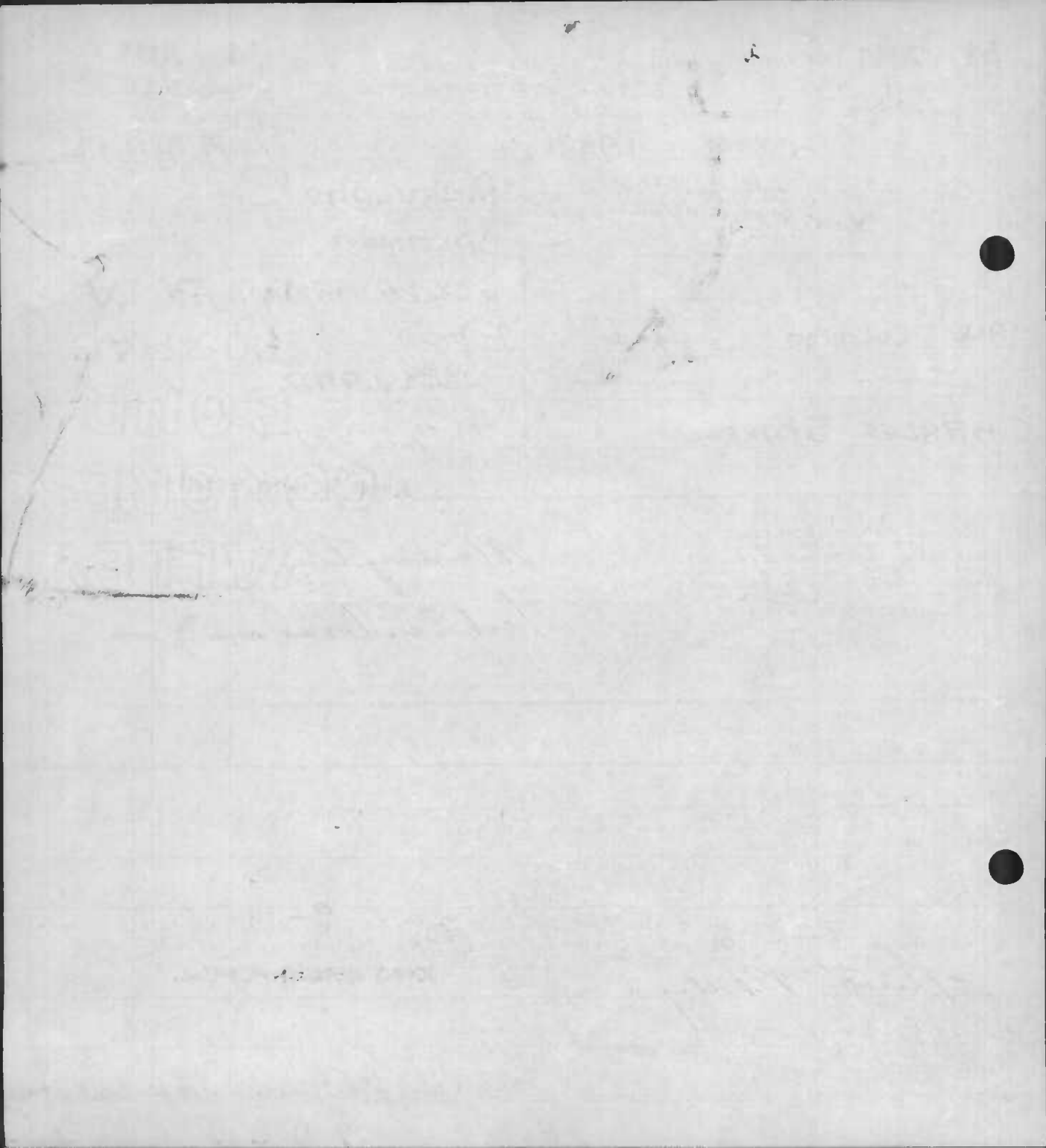
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



See Document File 51-7042

8/17/51

ES

51 7043

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7043

Registered No.

BIRTH NO.

0-236

1. NAME OF DECEASED
(Type or Print)

OSTROWSKI, Mr. Theodore Bernard

2. DATE

OF

DEATH

Aug. 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MarylandC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 24

D. STREET ADDRESS (If rural, give location)

130 N. Lakewood Ave.

c. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

7-6-04

9. AGE (in years last birthday)

47

10 Under 1 Year
Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Saw Mill

10B. KIND OF BUSINESS OR INDUSTRY

B & O R. R.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Antoni Ostrowski

14. MOTHER'S MAIDEN NAME

Apolonia Stachowiah

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
215-65-1340

17. INFORMANT

ADDRESS

Josephine Ostrowski 130 N. Lakewood Ave

18. 431X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Angioid heart failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Fiedler's myocarditis

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 8, 1951, to Aug. 12, 1951, that I last saw the deceased alive on Aug. 12, 1951, and that death occurred at 3:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial

Aug. 16-1951

Holy Rosary

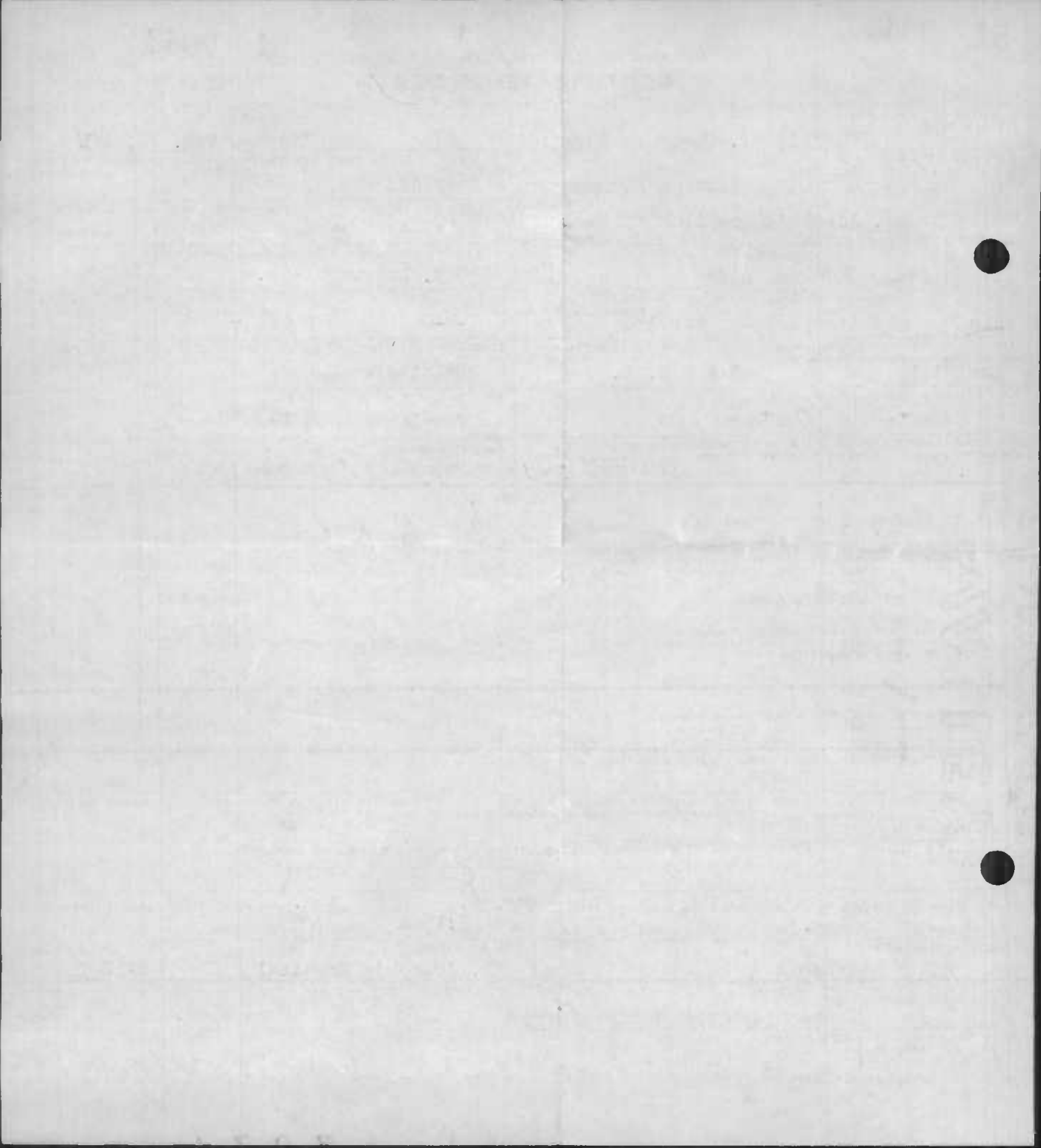
Balto. Co.

Md.

AUG 15 1951

Wm. S. Fialkowski

2007 Eastern Ave



51 7044

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

51 7044

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CARRIE B. SMITH

2. DATE
OF
DEATH

AUG 12, 1951.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION UNION MEMORIAL HOSPITAL4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE DISTRICT OF COLUMBIAC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
WASHINGTON D.C. V-47

D. STREET ADDRESS (If rural, give location)

5921 14TH ST N.W. WASH. D.C.

c. Length of stay in Baltimore

98

Yrs.
Mon.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
WIDOWED

8. DATE OF BIRTH

DEC 2, 1885

9. AGE (In years
last birthday)

65

10. Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

NONE

11. BIRTHPLACE (State or foreign country)

MASSACHUSETTS

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

MATHEW HOGAN

14. MOTHER'S MAIDEN NAME

MARGARET CAHILL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, or or known) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

PATIENT

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

GI tract hemorrhage

4 days

DUE TO

ANTECEDENT CAUSES

(B)

CA. OF Sigmoid Colon ?

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

Atherosclerotic cardiovascular disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Large pelvic abscess & ileo-sigmoidal fistula

19A. DATE OF OPERATION

MAY 10, 1951

19B. MAJOR FINDINGS OF OPERATION

Adenocarcinoma of Sigmoid colon.

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 6, 1951, to Aug 12, 1951, that I last saw the deceased alive on Aug 12, 1951, and that death occurred at 5:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Bernard M. Donelson

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

Aug 12, 1951.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

AUG. 1951

24C. NAME OF CEMETERY OR CREMATORY

ELMWOOD CEM.

24D. LOCATION (City, town, or county)

BIRMINGHAM

ALA.

DATE RECEIVED BY
LOCAL REGISTRAR

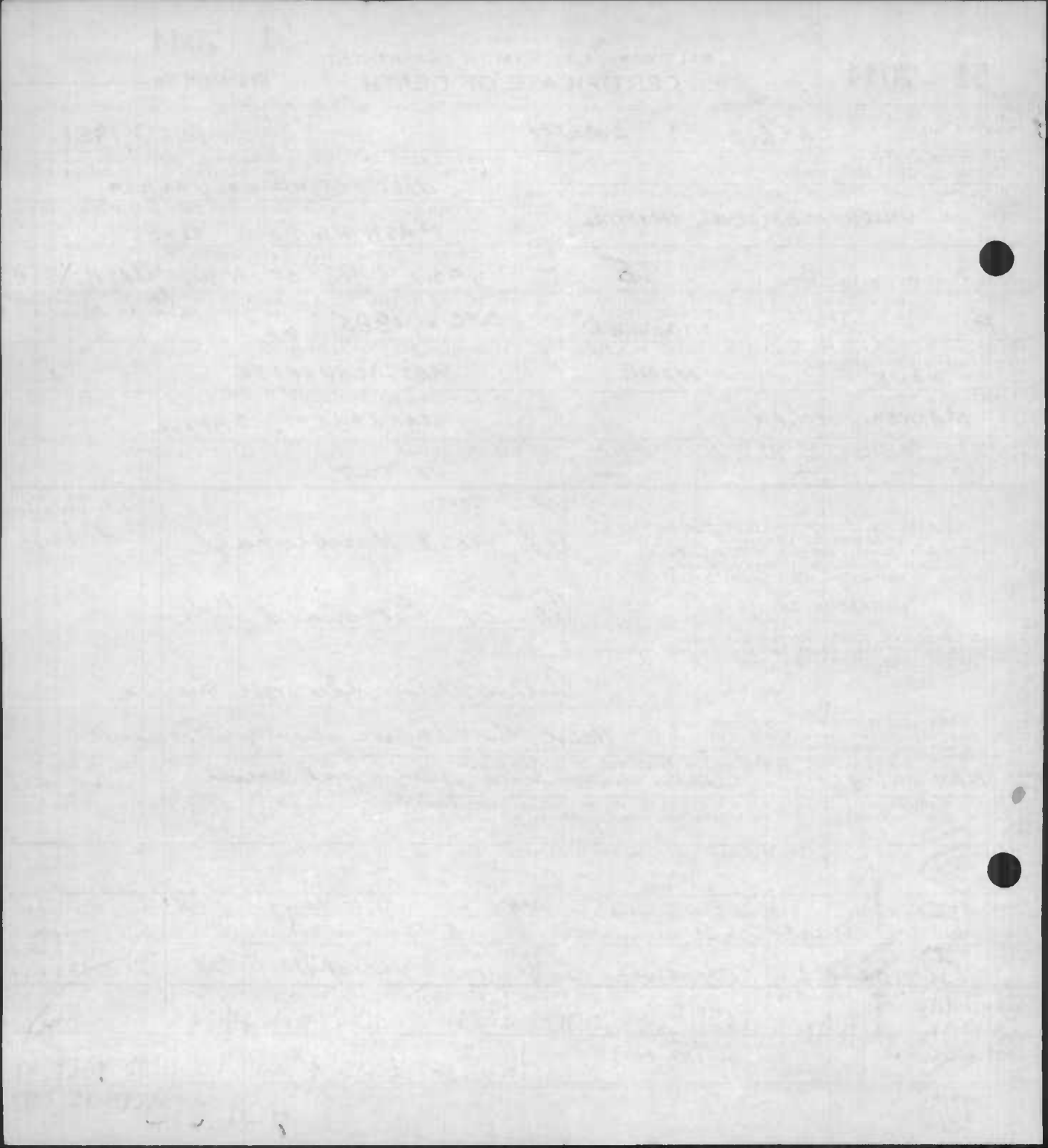
REGISTRAR'S SIGNATURE

Washington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H.W. JENKINS & SONS. CO. 4905 YORK RD



51 7045

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7045

Registered No.

BIRTH NO.

L-550

1. NAME OF DECEASED
(Type or Print)

Margaret Lannon

2. DATE
OF
DEATH

8/11/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Sinar Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore - Md 9-05

D. STREET ADDRESS (If rural, give location)

920 Homestead Street

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

6-2-97

9. AGE (In years
last birthday)

54

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

Invalid

11. BIRTHPLACE (State or foreign country)

Baltimore -

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

George Lannon

14. MOTHER'S MAIDEN NAME

Elizabeth Ferguson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Bertha Lannon - 920 Homestead

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Thrombosis &

DUE TO

myocardial infarction

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic Heart Disease

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus; Chronic Renal Disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 8/10, 1951, to 8/11, 1951, that I last saw the
deceased alive on 8/11, 1951, and that death occurred at 12:10 PM, from the causes and on the date stated above.

23A. SIGNATURE

Lem E Kassel M.D.

23B. ADDRESS

Sinar Hospital

23C. DATE SIGNED

8/11/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FURNERAL DIRECTOR

ADDRESS

AUG 13 1951

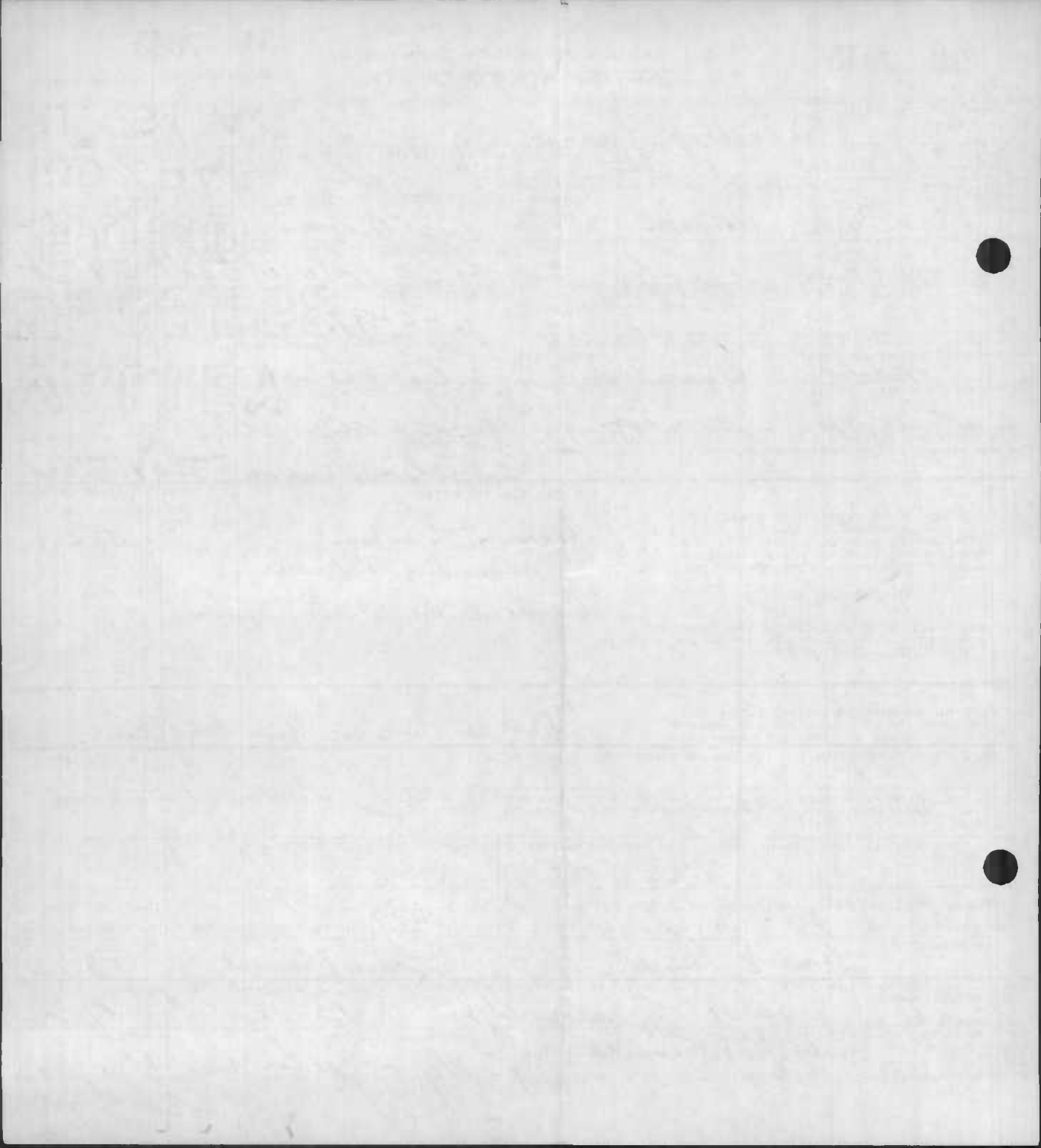
Lester J. Williams, M.D.

Lilly & Zelnick 403 S.

VS 150

1951 10 00 7 41 33

MEDICAL CERTIFICATION



51 7046

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

51 7046

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)**Luther Allan Cooper**2. DATE
OF
DEATH**Aug 12, 1951**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4501 Maine Ave.B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

4501 Maine Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4501 Maine Ave.c. Length of stay in Baltimore **24 years**Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 9, 19039. AGE (In years;
last birthday)**48**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**School Teacher**10B. KIND OF BUSINESS OR
INDUSTRY**Balto. City**

11. BIRTHPLACE (State or foreign country)

Powellsville, Md.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edward Cooper

14. MOTHER'S MAIDEN NAME

Cornelia Clark15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**No**16. SOCIAL
SECURITY NO.
None

17. INFORMANT

ADDRESS

Sara Herman Cooper 4501 Maine Ave18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Central Apoplexy**
DUE TO**4 hours**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Arteriosclerotic Cardio Vascular Disease**
DUE TO**Unknown**

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.**Chronic Nephritis****Unknown**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from **June 10**, 19**51**, to **Aug 12**, 19**51**, that I last saw the
deceased alive on **Aug 12**, 19**51**, and that death occurred at **1:05 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Joshua H. Harnacast

M. D.

6419 W. Linden Hill Rd. Balto.**Aug 13 1951**24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial**Aug 15, 1951 Woodlawn****Woodlawn Maryland**DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Aug 15 1951**Joshua H. Harnacast****Elsworth Harnacast****5118 Gwynn Oak Ave. Balto. 7, Md.**

Aug 17, 1951

Arthur Alan Cooper

4501 Maine Ave.
4501 Maine Ave.

Belmont

24 years 4501 Maine Ave.

Marion S. 1903 40

Fewellville, Mo.

Cornelia Clark

Edna Herman Cooper 4501 Maine Ave

None

no

Woodlawn Maryland

Aug 18, 1951 Woodlawn

Married

5118 Gwynn Oak Ave. Baltimore, Md.

BALTIMORE CITY HEALTH DEPARTMENT

51 7047

BIRTH NO. 51 7047

10-23-2 CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED
(Type or Print)

LESTER

WESTCOAT

2. DATE
OF
DEATH

August 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1922 Edmondson Avenue

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

6. COLOR OR RACE

Male

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Jan 22 - 1902

9. AGE (In years last birthday) Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

13. FATHER'S NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

YES WORLD WAR-I

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Alec Westcoat - Doris Ave -

18. 002 X I

CAUSE OF DEATH

Brooklyn Hsp

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Far advanced pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. Scott

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....23C. DATE SIGNED
August 8, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial
DATE RECEIVED BY LOCAL REGISTRARAug. 15, 1951
REGISTRAR'S SIGNATURE

Baltimore National

Balto, Md.

25. FUNERAL DIRECTOR

ADDRESS

E. S. W. Smith

VS 151

5118 Gwynn Oak Ave., Balto. Md. 130

MEDICAL CERTIFICATION

2118 Gwynn Ave. Balto. Md.
Aug. 15, 1951 Baltimore National Balto. Md.

51 7048 18122 BALTIMORE CITY HEALTH DEPARTMENT

51 7048

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

L-000

1. NAME OF DECEASED
(Type or Print)

Baby Lee

2. DATE
OF
DEATH

Aug 9-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 507 East 22nd St

14. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

B. COUNTY

before admission

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto. Md.

D. STREET ADDRESS (If rural, give location)

507-E-22nd St

P.O.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Aug 9-1951

9. AGE (In years
last birthday)10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.

3

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto - Md -

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Glen Allen Lee

14. MOTHER'S MAIDEN NAME

Dorothy C. Stirling

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Dorothy S. Lee -

18.

CAUSE OF DEATH 507-E-22nd St

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 9, 1951, to Aug 9, 1951, that I last saw the
deceased alive on Aug 9, 1951, and that death occurred at 11 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Jack J. Singer

M. D.

506 E. North Ave

8-13-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Aug 15-51

Balto National

Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 15 1951

Washington Williams, M.D.

E Ellsworth Annacost 159

VALLEY

CONGRESS

FOUNDED

1823

1823

51 7049

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7049

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY G. KANE

2. DATE
OF
DEATH

8/12/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

114 E. MONTGOMERY ST.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

AUG. 26 1870

9. AGE (In years
last birthday)

80

10. Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

HOME

13. FATHER'S NAME

MARTIN DOUGHERTY

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

BRIDGET FLAHERTY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
THOMAS E. KANE 114 E. MONTGOMERY ST

18. 42104 1 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) - Chronic Endocarditis
DUE TOINTERVAL BETWEEN
ONSET AND DEATH

6 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) - Arterio Sclerosis
DUE TO

1 yr.

(C) - Arterio Hypertension
DUE TO

1 yr.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from - Sept 4, 1950, to Aug 12, 1951, that I last saw the
deceased alive on , 19 , and that death occurred at 4:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1279 WILLIAM ST.

10:30 - 12:30

51 7050

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7050
Registered No.

BIRTH NO. B-652

1. NAME OF DECEASED
(Type or Print)

Elizabeth R. Burns

2. DATE
OF
DEATH

Aug. 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1417 Covington St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

Yrs.
Mos.
Days10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Lackie Burns

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore City

D. STREET ADDRESS (If rural, give location)

1417 Covington St.

8. DATE OF BIRTH

2/10

9. AGE (In years;
last birthday)

82

11 Under 1 Year
Months: Days Hours: Min.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

?

17. INFORMANT

ADDRESS

Marguerite M. Feehley 1417 Covington St.

18. 4221

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TO

Myocardial Insufficiency

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TOArterio sclerosis,
Myocarditis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) ...

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from June 1, 1951, to Aug 10, 1951, that I last saw the
deceased alive on 8/10, 1951, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

8-14-1951

Cathedral Cem.

Baltimore Md.

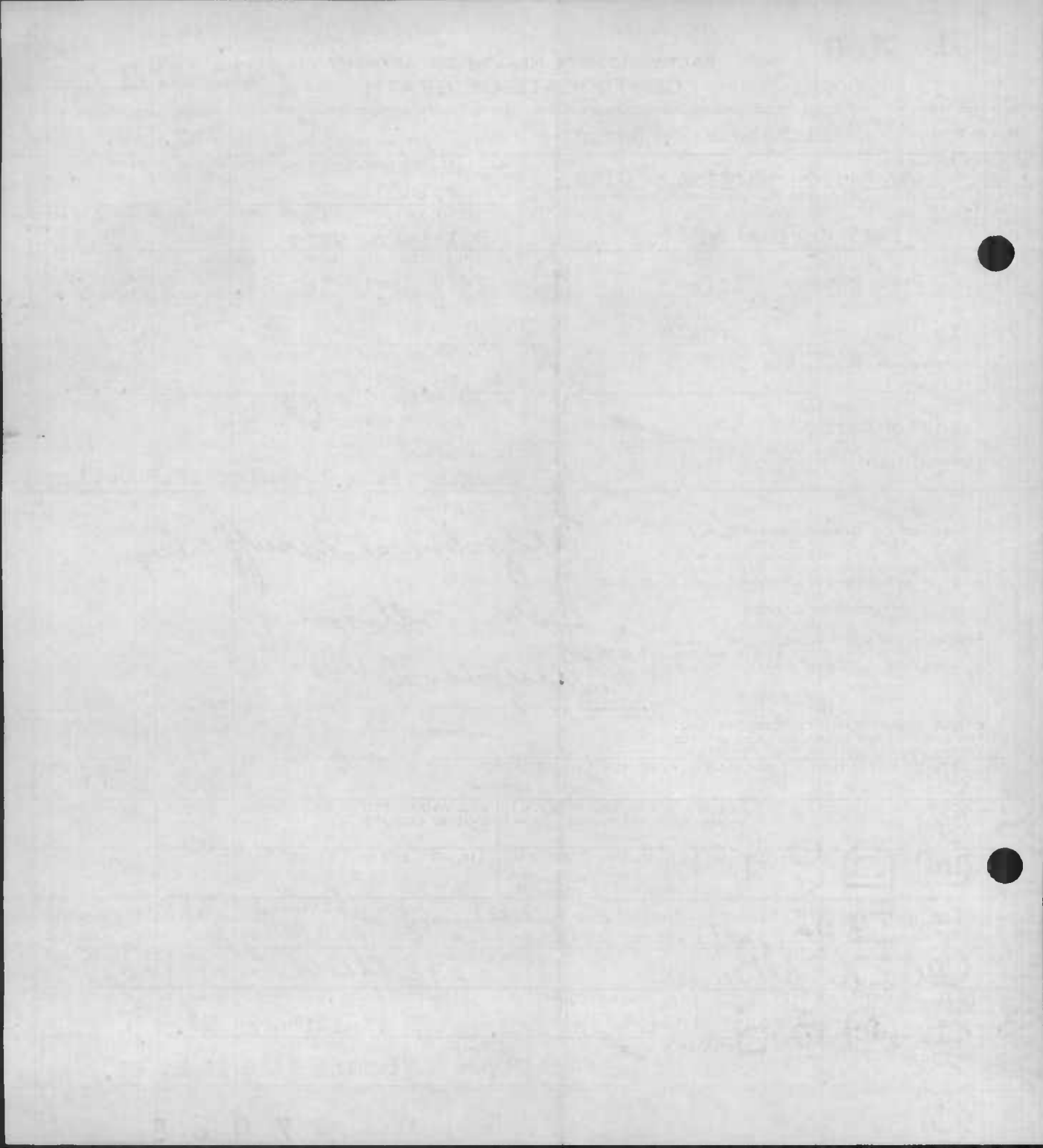
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Flynn & Fleming 1426 Light St.



51 7051

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7051

Registered No.

BIRTH NO. B. 635

1. NAME OF DECEASED
(Type or Print)

GORDON

L. BRITTINGHAM

2. DATE
OF
DEATH

August 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CHAUFFEUR

10B. KIND OF BUSINESS OR
INDUSTRY

TRUCKING CO.

13. FATHER'S NAME

CALVIN T.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2423 Kermit Court

8. DATE OF BIRTH

MAR 7-1934

9. AGE (in years
last birth day)

17

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

BALTO Md

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

KATHERINE E. LOPEZ

17. INFORMANT

ADDRESS

KATHERINE E. LOPEZ 2423 KERMIT

18. E 8224

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Multiple abrasions, lacerations,
& contusions

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) Fracture of skull

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Road

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)Furnace Branch Rd. near Old Annapolis
Rd.21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

August 12, 1951 5:03 P. m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Lost control of auto which turned over

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley S. Durlach

M.D.

23B. CHIEF MEDICAL EXAMINER
ASSISTANT MEDICAL EXAMINER
MEDICAL INVESTIGATOR

23C. DATE SIGNED

August 13, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

8-15-51

24C. NAME OF CEMETERY OR CREMATORY

Moreland Met Park

24D. LOCATION (City, town, or county)

BALTO Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

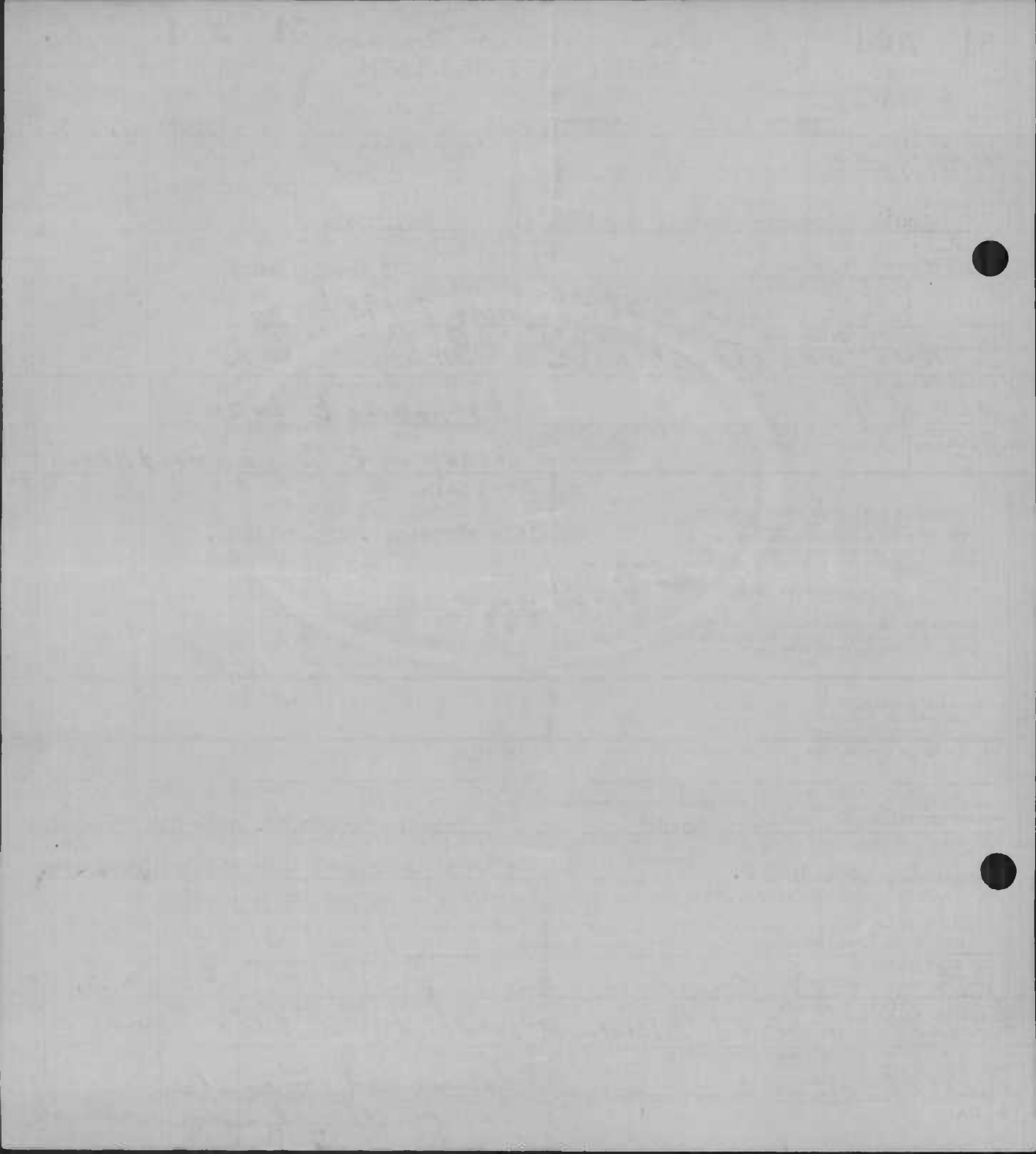
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Edward J. Foulson 1700

ADDRESS

682 2359 Washington Blvd



51 7052

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7052

Registered No.

BIRTH NO.

B-500

1. NAME OF DECEASED
(Type or Print)

Michael V. Bena

2. DATE
OF
DEATH

Aug. 11 - 51

3. PLACE OF DEATH:

a. Baltimore City, Maryland

Balto.

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

5766 Maplehill Rd.

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived, in institution: residence
a. STATE

Md.

b. COUNTY

before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

27-38

d. STREET ADDRESS (If rural, give location)

5766 Maplehill Rd.

c. Length of stay in Baltimore

30 yrs

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 15 1893

9. AGE (In years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Iron Worker

10b. KIND OF BUSINESS OR
INDUSTRY

Enterprise Co.

11. BIRTHPLACE (State or foreign country)

Czechoslovakia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Paul Bena

14. MOTHER'S MAIDEN NAME

Catherine ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

215-09-0091

17. INFORMANT

ADDRESS

Lustina Bena 5766 Maplehill Rd.

18. 162x I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchogenic Carcinoma, 8mo's,

DUE TO Left lung with
metastases to stomach
and liver

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) X
(C) XII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

24 May 1951

19b. MAJOR FINDINGS OF OPERATION

Bronchogenic Carcinoma left lung

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☒ WORK NOT WHILE ☐
AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 April, 1951, to 11 August, 1951, that I last saw the
deceased alive on 11 Aug., 1951, and that death occurred at 5: P. m., from the causes and on the date stated above.

23a. SIGNATURE

C. Bena

23b. ADDRESS

M. D. 2074 E. Belair Ave.

23c. DATE SIGNED

12 Aug 1951

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

Aug 14 - 51

24c. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Balto. Belair Rd.

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Dignity Bur. 1800 E. Lombard St.

Dr C.E. Sima

3074 Balm

51 7053

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7053

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Elizabeth Richardson

2. DATE
OF
DEATH

8-12-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE

N.J.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
TRENTOND. STREET ADDRESS (If rural, give location)
1153 Hamilton Ave.

C. Length of stay in Baltimore

13

Yrs.
Mon.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 14, 1885

9. AGE (In years
last birthday)

66

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Teacher-retired

10B. KIND OF BUSINESS OR
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

New Jersey

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

George W. Richardson

14. MOTHER'S MAIDEN NAME

Anna M. Burns

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Priscilla Richardson 1734 E. Joppa Rd. Towson

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Myocardial infarction

2 wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerotic Cardiovascular
disease

? years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from Aug 1, 1951, to Aug 12, 1951, that I last saw the
deceased alive on Aug 12, 1951, and that death occurred at 9:40 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

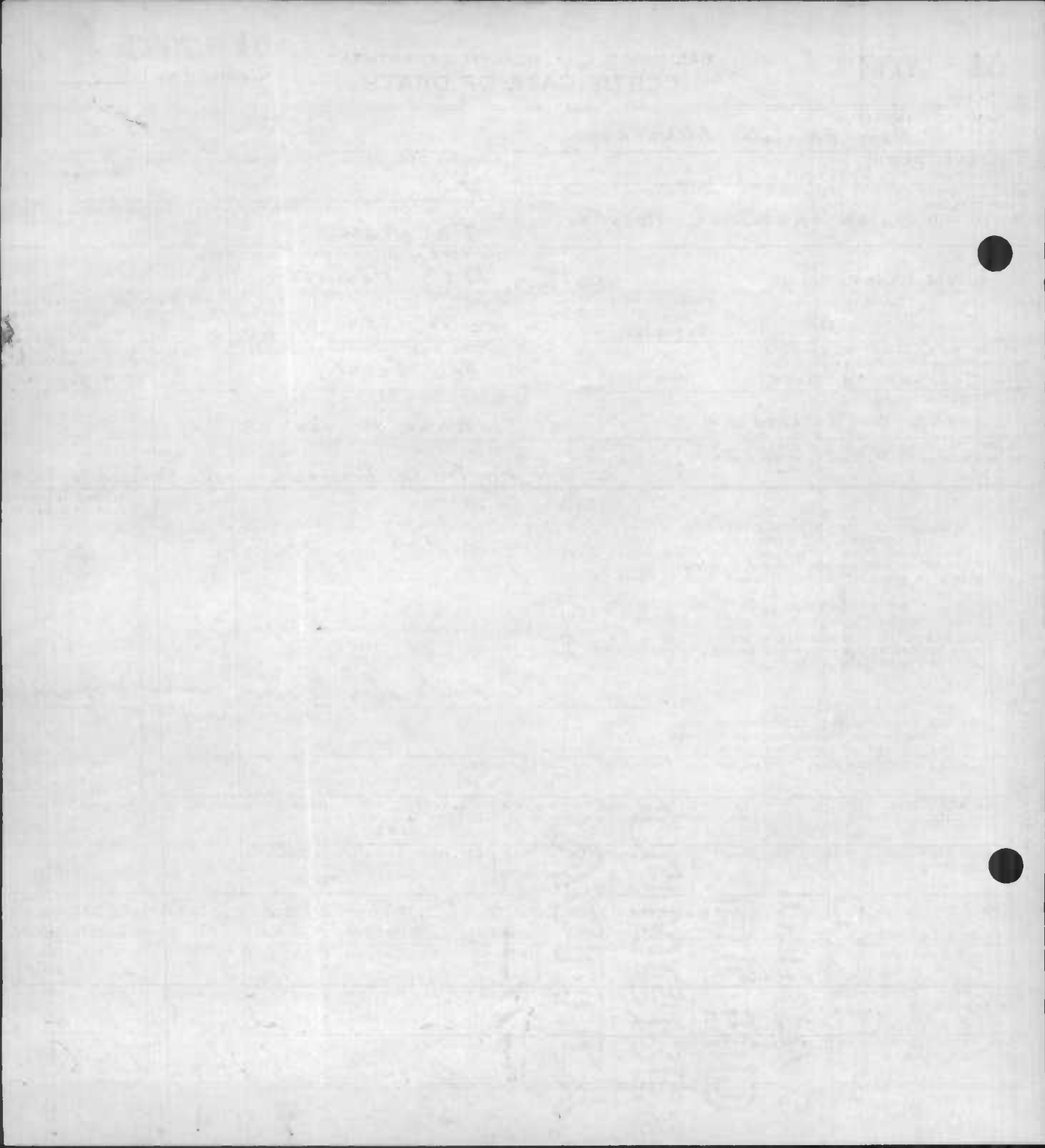
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



51 7054

51 7054

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. D. 0001. NAME OF DECEASED
(Type or Print)Marion Albert Day2. DATE
OF
DEATHAug. 12, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

New Jersey

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Sicklerville

D. STREET ADDRESS (If rural, give location)

Rt. 1, Box 492

b. FULL NAME OF (If not in hospital or institution, give street address or location)

U.S. Public Health Service
Hospital, Baltimore 11, MarylandYrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Single

8. DATE OF BIRTH

July 8, 19079. AGE (In years
last birthday)43If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Steward10B. KIND OF BUSINESS OR
INDUSTRYSeafaring

11. BIRTHPLACE (State or foreign country)

Iowa12. CITIZEN OF
WHAT COUNTRY?USA

13. FATHER'S NAME

William Day

14. MOTHER'S MAIDEN NAME

Elizabeth Barnes15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Records US PHS Hospital, Baltimore, MD.18. 421.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Mitral stenosis and insufficiency with UnknownDUE TO pulmonary edema and ascites.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) _____

DUE TO _____

(C) _____

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1951 to August 12, 1951, that I last saw the
deceased alive on Aug. 12, 1951, and that death occurred at 10:00 m., from the causes and on the date stated above.

23A. SIGNATURE

John L. Wilson, Clinical Director M. D.

23B. ADDRESS

US PHS Hospital, Baltimore, Md. 8-13-51

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

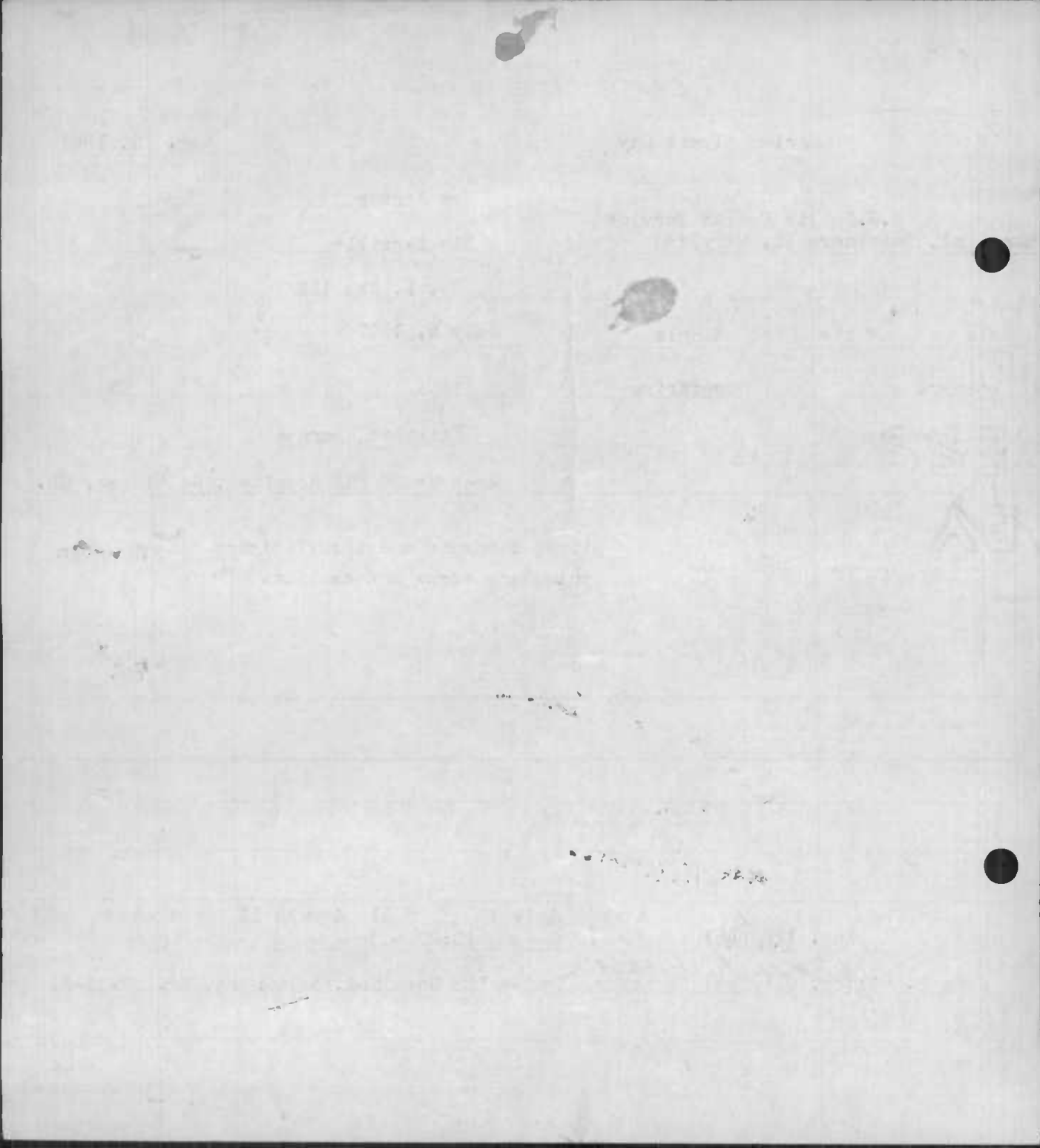
REMOVAL8/13/51?WILLIAMSTOWN N. J.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

8-14-51Wm. J. Tucker, Baltimore, Md.Wm. J. Tucker, Baltimore, Md.



51 7055

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7055

Registered No. _____

BIRTH NO. *M-620*1. NAME OF DECEASED
(Type or Print)*JAMES G. MARKEY*2. DATE
OF
DEATH*Aug 12, 1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

*OSL-6*B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION*JOHNS HOPKINS HOSPITAL*4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE*PENN.*

B. COUNTY

V-25

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

CHAMBERSBURG

D. STREET ADDRESS (If rural, give location)

321 S. Sixth St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*MARRIED*

8. DATE OF BIRTH

*12-21-77*9. AGE (in years
last birthday)*73*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

retired

13. FATHER'S NAME

Jacob Markey

11. BIRTHPLACE (State or foreign country)

*Pa*12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

*Catherine Grose*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
JOHNS HOPKINS HOSPITAL ADDRESS18. *153 X* CAUSE OF DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *aspiration & vomitus*

DUE TO

*carcinoma of cecum with**15 min*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *metastasis to brain, thoracic*

DUE TO

*spinal cord**6 min*

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.*benign prostatic hypertrophy*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *8-4-*, 19*51*, to *8-12-*, 19*51*, that I last saw the deceased alive on *8-12*, 19*51*, and that death occurred at *11:30* m., from the causes and on the date stated above.

23A. SIGNATURE

Richard Johns

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

*13 Aug 51*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Removal*

24B. DATE

8-16-51

24C. NAME OF CEMETERY OR CREMATORY

Mumeto Meeting House

24D. LOCATION (City, town, or county) (State)

*Adams County Pa.*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*Wm. J. Fischer & Sons**Balt. Md*

51009701346E

1000

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51 7056

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7056

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marie Walter

2. DATE
OF
DEATH

August 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Maryland

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1228 Sellers Avenue

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 6, 1896

9. AGE (In years
last birthday)

55

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Hwfe.

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

George Friskey

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

James Walter, son, above

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Congestive heart failure

Pulmonary infarction

Thrombosed hemorrhoids

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 8/5/1951 to 8/11/1951 that I last saw the
deceased alive on 8/11/1951 and that death occurred at 9:00 A.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1400 N. Caroline Street

8/11/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Aug. 14, 1951

Holy Redeemer Cemetery

4430 Belair Rd. Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 14 1951

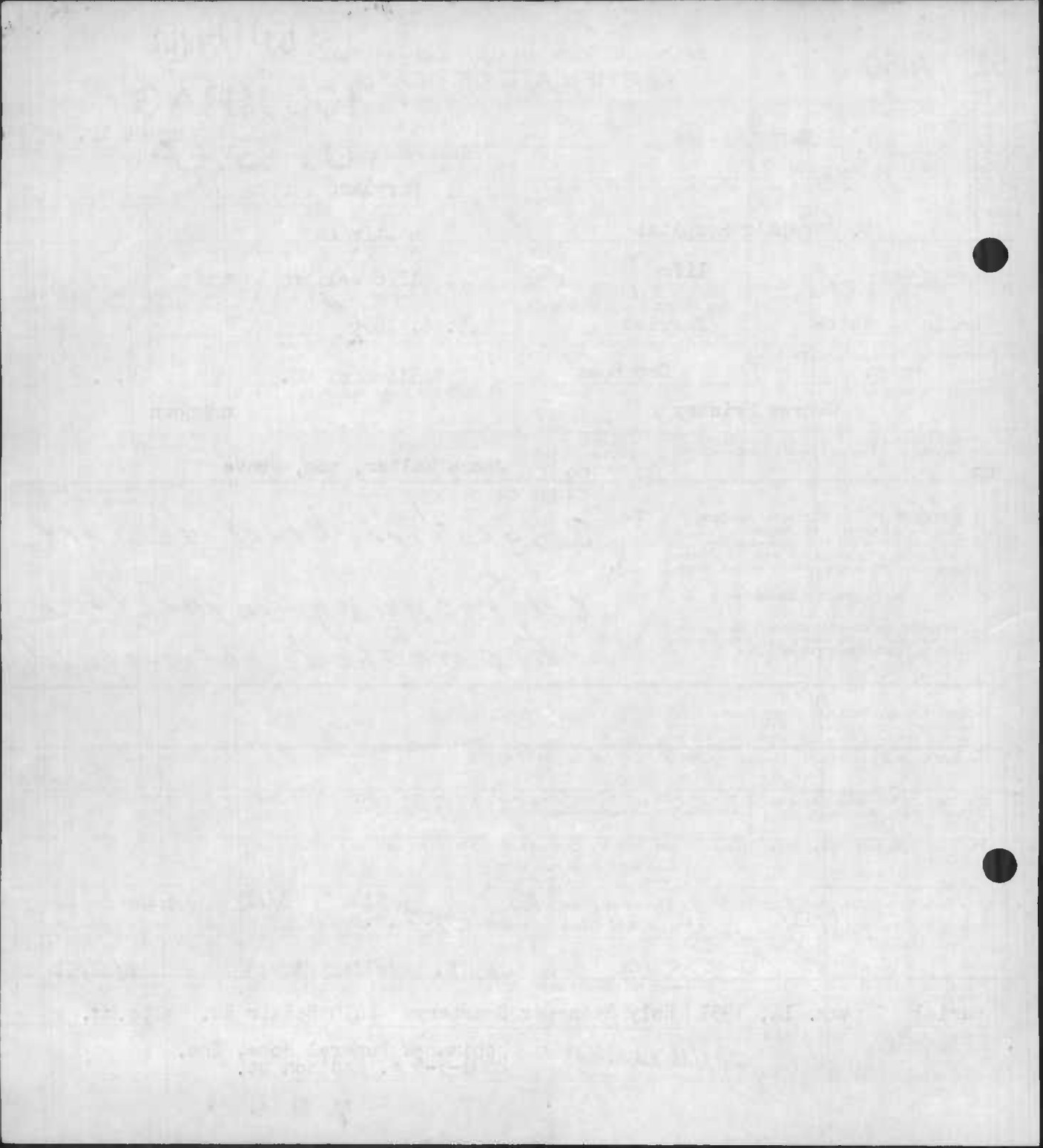
E. J. Williams, M.D.

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

VS 150

510007044 100a

MEDICAL CERTIFICATION



51 7057

51 7057

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emelia BARANOWSKI

2. DATE
OF
DEATH

8-10-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2633 Hudson St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

1-04

D. STREET ADDRESS (If rural, give location)

2633 Hudson St.

C. Length of stay in Baltimore

54 years

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

July 25, 1868

9. AGE (in years,

last birthday)

83

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mary Price, 917 S. East Ave.

18. 4221

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

Jan 16/51

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cerebral Hemorrhage

DUE TO

May 2/51

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Cerebral Hemorrhage

None

Aug 8/51

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, school, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 16, 1951, to Aug 10, 1951, that I last saw the deceased alive on Aug 10, 1951, and that death occurred at 9:25 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 14 1951

Wm. H. Williams, M.D.

John F. Duda, Inc. 2829 Hudson St.

154 51 7058

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7058

Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
			CARRIE RAVENELL			AUGUST 10, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
B. FULL NAME OF HOSPITAL OR INSTITUTION			A. STATE			B. COUNTY		
1609 N. APPLETON STREET			MARYLAND			BALTIMORE		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location)					
40 yrs			1609 NORTH APPLETON STREET					
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year	11. Under 24 Hours		
Female	Negro	Widowed	Jan. 1, 1886	65	Months	Days	Hours	Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY?		
Housewife			ORANGEBURG COUNTY, S.C.			USA		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME					
WILLIAM TAYLOR			MELDER TAYLOR					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS		
No						Amanda Bazemore-1609 N. Appleton St.		

18. 331X I	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Cerebral Hemorrhage	
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 2, 1951, to Aug 10, 1951, that I last saw the deceased alive on Aug 10, 1951, and that death occurred at 6:10 a. m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Julius S. White M. D.		1654 North Monroe Street		8-11-51	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)		
Burial	8/13/51	ARBUTUS MEMORIAL PARK	ARBUTUS, MARYLAND		
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS			
AUG 14 1951	W. H. Williams	Charles R. Law - 802 Madison Ave			

WATLEY

DEPARTMENT OF THE INTERIOR

UNITED STATES

IN THE MATTER OF

THE

LANDS

OF THE

STATE

OF

THE

UNITED STATES

OF AMERICA

VS.

THE

UNITED STATES

OF AMERICA

VS.

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UNITED STATES

OF AMERICA

VS.

THE

UNITED STATES

51 7059

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7059
Registered No.

BIRTH NO. T-651

1. NAME OF DECEASED
(Type or Print)

Brother Ignatius Thornbury

2. DATE
OF
DEATH

8/11/57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

MERCY Hosp.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

14 years

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Religious Brother

10B. KIND OF BUSINESS OR INDUSTRY

teacher

13. FATHER'S NAME

Thomas Thornbury

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.

25-31

D. STREET ADDRESS (If rural, give location)

4403 FREDERICK AVE #29

8. DATE OF BIRTH

July 6, 1872 79

9. AGE (In years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

KENT KENTUCKY

12. CITIZEN OF WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Sarah Gutrie

17. INFORMANT

ADDRESS

School

4409 Frederick Rd.

18. 444X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hemorrhage - Intractable Bleeding 2 days
G.I. + Nasal

ANTECEDENT CAUSES

(B) Hypertension

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/10, 1957, to 8/11, 1957, that I last saw the deceased alive on 8/11, 1957, and that death occurred at 10:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

P. K. Kramer

M. O.

23B. ADDRESS

Mercy Hosp

23C. DATE SIGNED

8/11/57

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

8-14-51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore City Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Walter J. Williams, M.D.

25. FUNERAL DIRECTOR 118 W. Mt. Royal Ave.
Chas. F. Evans & Son

United States

1870

1870

1870

1870

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1870

1870

51 7060

BALTIMORE CITY HEALTH DEPARTMENT

51 7060

Registered No.

BIRTH NO.

M-325 CERTIFICATE OF DEATH

1. NAME OF DECEASED
(Type or Print)

Edward Joseph Madigan

2. DATE
OF
DEATH

8/11/1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Bon Secours Hospital

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days5. SEX
Male6. COLOR OR RACE
White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married8. DATE OF BIRTH
7/25/19019. AGE (in years
last birthday) 30
If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY
Machinist

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Francis Madigan

14. MOTHER'S MAIDEN NAME

Ella Egan

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

213-01-4337 Elizabeth H. Madigan-429 N. Linwood Ave.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cancer of Brain Brain

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

8-11-51

19B. MAJOR FINDINGS OF OPERATION

Brain tumor

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-31, 1951, to 8-11, 1951, that I last saw the
deceased alive on 8-11, 1951, and that death occurred at 2:45 m., from the causes and on the date stated above.

23A. SIGNATURE

Luan Mendez

M. D.

23B. ADDRESS

2025 W. Faye H.

23C. DATE SIGNED

8-11-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8/14/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John A. Moran 3000 E. Baltimore St.

704854B

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213
51 7061BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7061
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		James Mc Fadden		Aug. 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md. B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 6604 Rhode Is. Ave			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 12-15-50	9. AGE (In years last birthday) 8	10. Under 1 Year 11. Under 24 Hours 12. Under 48 Hours
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Miss	
13. FATHER'S NAME James Mc Fadden		14. MOTHER'S MAIDEN NAME Edith Williams			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT JOHNS HOPKINS HOSPITAL	
18. 7544 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Laryngeal failure DUE TO (B) Congenital heart disease (C) (Eisenstein's Tricuspid Anomaly)		INTERVAL BETWEEN ONSET AND DEATH Expiration Sing. birth			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION Aug. 13, 1951		19B. MAJOR FINDINGS OF OPERATION Long. ht. disease		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/8 to 8/13, 1951, that I last saw the deceased alive on 8/13, 1951, and that death occurred at 2:17 p.m., from the causes and on the date stated above.					
23A. SIGNATURE David J. Saverton		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1951		24C. NAME OF CEMETERY OR CREMATORY Johnson City, Tennessee	
DATE RECEIVED BY LOCAL REGISTRAR AUG 14 1951		REGISTRAR'S SIGNATURE T. Williams		25. FUNERAL DIRECTOR W W CHAMBERS CO. RIVERDALE, Md.	

MEDICAL CERTIFICATION

AUG 14 1951

VS 150

51 1000 7061 157E

James F. Smith

514

51 7062

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7062

ND-149688

Registered No.

BIRTH NO.

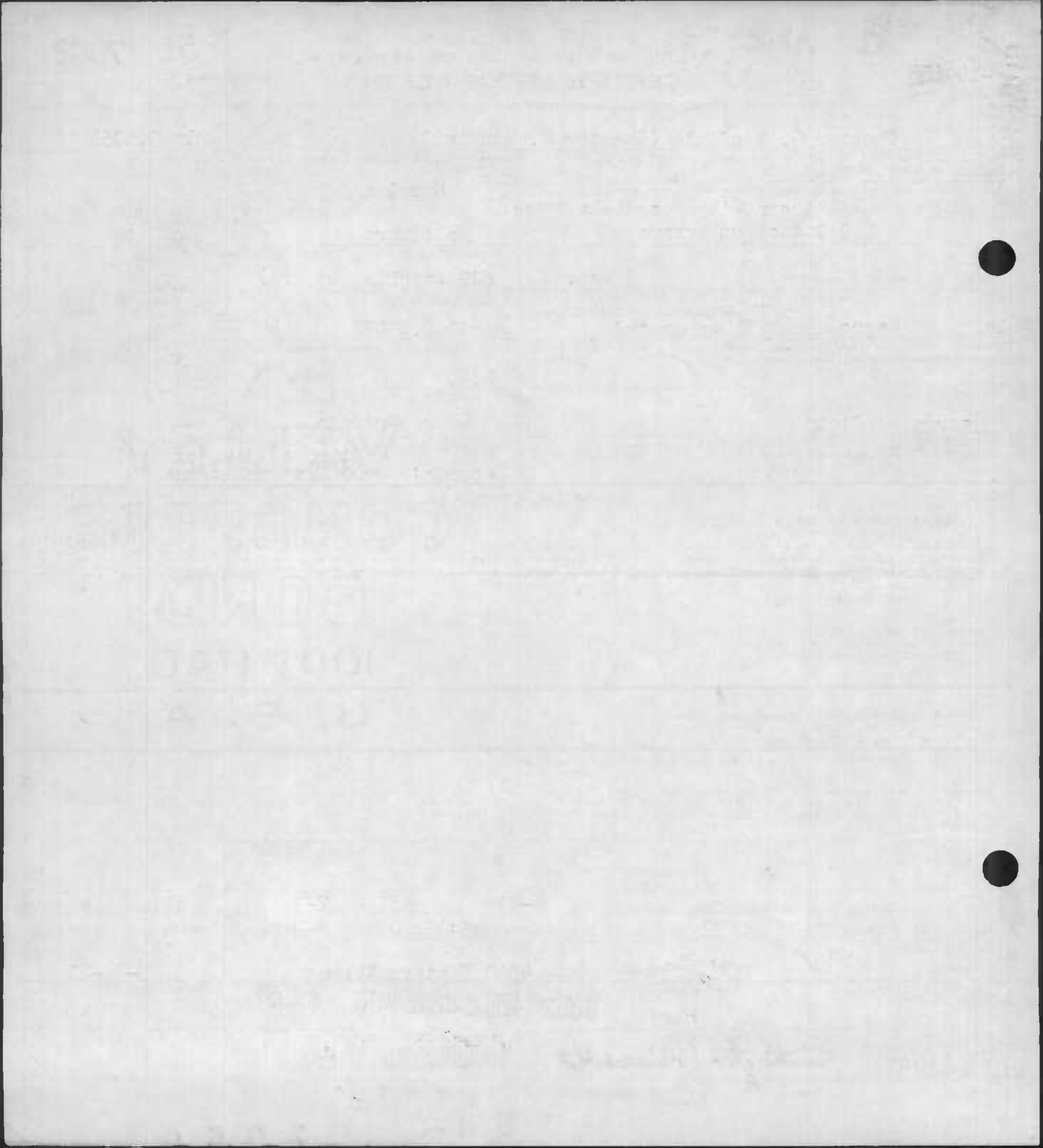
1. NAME OF DECEASED (Type or Print) Chester G. Winfield (Chester H. Winfield)		2. DATE OF DEATH July 9, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5-02	
C. Length of stay in Baltimore 5 Yrs. Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 622 Sterling St. (5)	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH April 8, 1907
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (in years last birthday) 44	11. BIRTHPLACE (State or foreign country) N.C.
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME George Winfield		14. MOTHER'S MAIDEN NAME Laura Griffin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue		✓	

18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Far advanced bilateral pulmonary tuberculosis DUE TO (A) Far advanced bilateral pulmonary tuberculosis (B) (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 4 Mos. plus
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 9		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-23 , 19 51 , to 7-9 , 19 51 , that I last saw the deceased alive on 7-9 , 19 51 , and that death occurred at 5:45p m. , from the causes and on the date stated above.					
23A. SIGNATURE G. S. Crozen M. D.		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 7-24-51	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY UNIVERSITY MEDICAL SCHOOL AUG 6 1951	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR AUG 14 1951	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Commissioner of Health	

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BALTIMORE CITY HEALTH DEPARTMENT

51

7063

CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) <i>Fannie Mae Norton</i>		2. DATE OF DEATH <i>August 13, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution / residence before admission) A. STATE <i>MD</i> B. COUNTY <i>11-04</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>1019 Linden Ave</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>3-10-24</i>	9. AGE (In years last birthday) <i>27</i>	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>MD</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Demetrius Norton</i>		14. MOTHER'S MAIDEN NAME <i>Mahulda Calhoun</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>401.3</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Rheumatic heart disease (active)</i>	CAUSE OF DEATH (A) _____ DUE TO (B) _____ DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>About 4 years</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO (C) _____		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6/28</i> , 19 <i>51</i> , to <i>8/12</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>8/12</i> , 19 <i>51</i> , and that death occurred at <i>2</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Thomas Franklin Williams</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>8-12-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Aug. 16, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn</i>	
24D. LOCATION (City, town, or county) (State) <i>Westport, Md.</i>		24E. FUNERAL DIRECTOR <i>Charles H. Alexander</i>		24F. ADDRESS <i>1200 McCulloch</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>14 1951</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS	

See Document File 51-7063

9/14/51

ES

17-517
10/10/51 Mr. [unclear]
[unclear] [unclear]
[unclear] [unclear]
[unclear] [unclear]

516
51 7064BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

51 7064

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Nicolo Imbraguglio

2. DATE
OF
DEATH

Aug 11-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

2748 Wilkens Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

20-06

D. STREET ADDRESS (If rural, give location)

2748 Wilkens Ave

C. Length of stay in Baltimore

30 years

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov. 5-1878

9. AGE (In years,
last birthday)

72

If Under 1 Year
Months Days

9 6

If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Fruit Dealer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph

14. MOTHER'S MAIDEN NAME

Cusmo

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

216-24-3298

17. INFORMANT

ADDRESS

Filomena Glorioso 17 S Carrollton Ave

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ARTERIOSCLEROSIS, GENERALIZED

5 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C) Cerebral Hemorrhage

1 yr.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 7, 1951, to Aug. 11, 1951, that I last saw the
deceased alive on Aug. 11, 1951 and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

121 S. HILLCREST AVE.

23C. DATE SIGNED

8/13/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

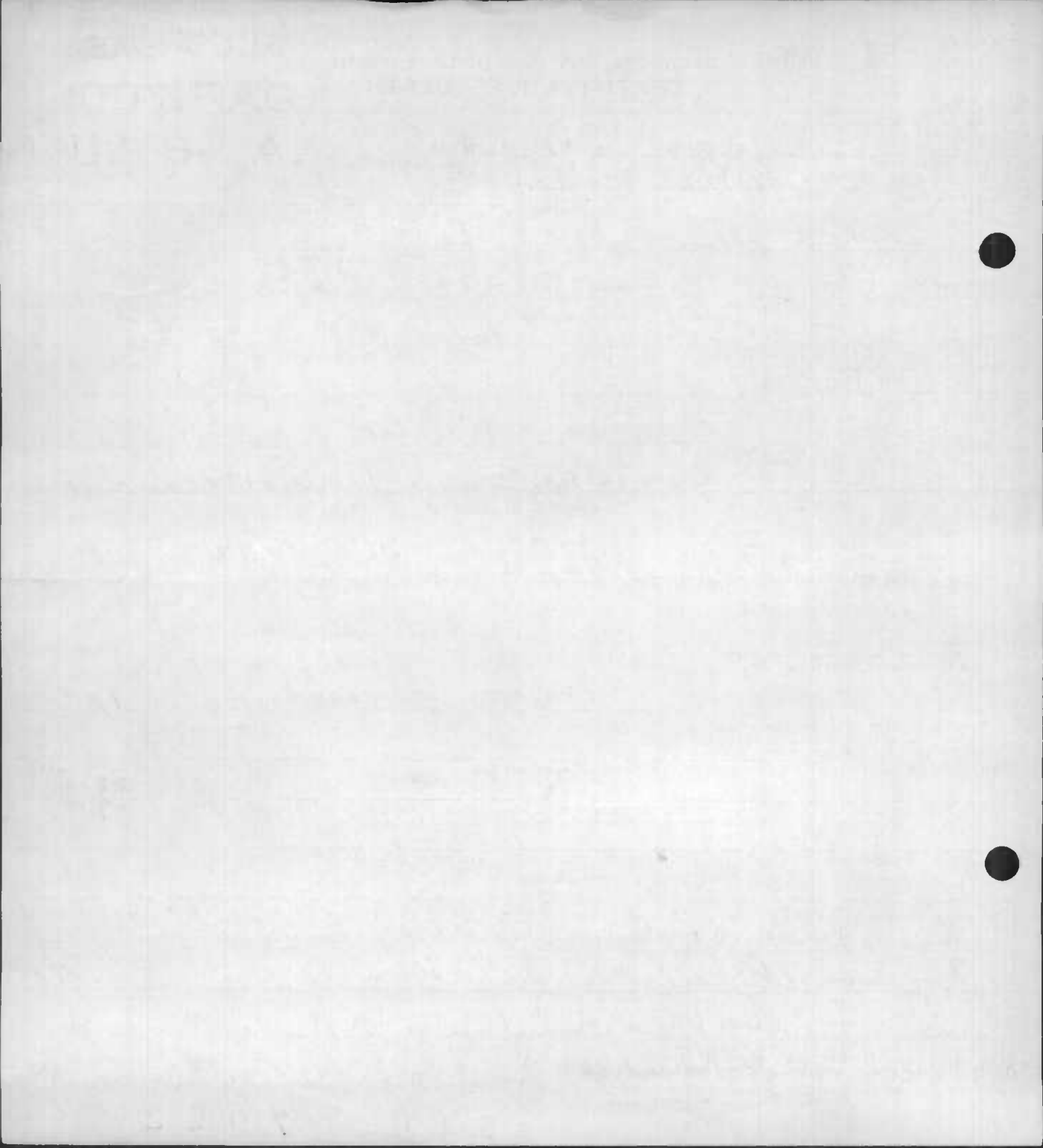
25. FUNERAL DIRECTOR

ADDRESS

AUG 14 1951

VS 150

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51 7065

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7065

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Nellie Mc Neil</i>			2. DATE OF DEATH <i>8-11-51</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Ind.</i> B. COUNTY <i>city.</i>		
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>1003-N. Monroe St.</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 16-04</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			d. STREET ADDRESS (If rural, give location) <i>1003-N. Monroe St.</i>		
5. SEX <i>Fr.</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>4-?-1901</i>	9. AGE (In years last birthday) <i>50</i>	10. Under 1 Year Months: _____ Days: _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>owner home</i>		
11. BIRTHPLACE (State or foreign country) <i>N. C.</i>			12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		
13. FATHER'S NAME <i>? Mc Neil</i>			14. MOTHER'S MAIDEN NAME <i>Ida ?</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>			16. SOCIAL SECURITY NO. <i>none</i>		
17. INFORMANT <i>Cornelia Clark</i>			ADDRESS <i>1003-N. Monroe St.</i>		

18. <i>442x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) <i>Cardiovascular renal disease</i>		CAUSE OF DEATH <i>Cardiovascular renal disease</i>	INTERVAL BETWEEN ONSET AND DEATH <i>2 months</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>8/14/51</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>5154 Greenwood</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) <i>8/14/51</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July 3, 1951</i> to <i>August 11, 1951</i> that I last saw the deceased alive on <i>8/11/51</i> , and that death occurred at <i>5:15 PM</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>W. E. ...</i>		23B. ADDRESS <i>5154 Greenwood</i>		23C. DATE SIGNED <i>8/13/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Shipped</i>		24B. DATE <i>8/14/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Sandlot, N. C.</i>	
24D. LOCATION (City, town, or county) <i>5154 Greenwood</i>		24E. (State) <i>Ind.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 14 1951</i>		REGISTRAR'S SIGNATURE <i>Stuntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>A. Halstead</i>	
				ADDRESS <i>918- ...</i>	

VS 150

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51 7065

51 7065

VALLEY

CONCRETE

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1-0-0-0

1-0-0-0

51 7066

51 7066

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

51-16943

1. NAME OF DECEASED

(Type or Print)

Baby Boy Kearns

2. DATE
OF
DEATH

7-27-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. Length of stay in Baltimore

0 Yrs.
0 Mos.
0 Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balt. 15-04D. STREET ADDRESS (If rural, give location)
1913 Clifton Ave

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

7-27-51

9. AGE (In years,
last birthday)

0

10. Under 1 Year
Months: Days

0

0

0

45

11. Under 24 Hours
Hours: Min.

0

0

45

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Rozelle Kearns

14. MOTHER'S MAIDEN NAME

Alma Lee Morrow

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mother 1913 Clifton Ave Baltimore Md

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Prematurity

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

45 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Abruptio placentae

DUE TO

3 days

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

0

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 27, 1951, to July 27, 1951, that I last saw the deceased alive on July 27, 1951, and that death occurred at 4:00 m., from the causes and on the date stated above.

23A. SIGNATURE

Robert A. Moore, Jr.

23B. ADDRESS

M. D.

University Hosp

23C. DATE SIGNED

7-27-51

24A. BURIAL, CREMATION,
REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR REPOSITORY (City, town, or county) (State)

UNIVERSITY MEDICAL SCHOOL

BALTIMORE

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

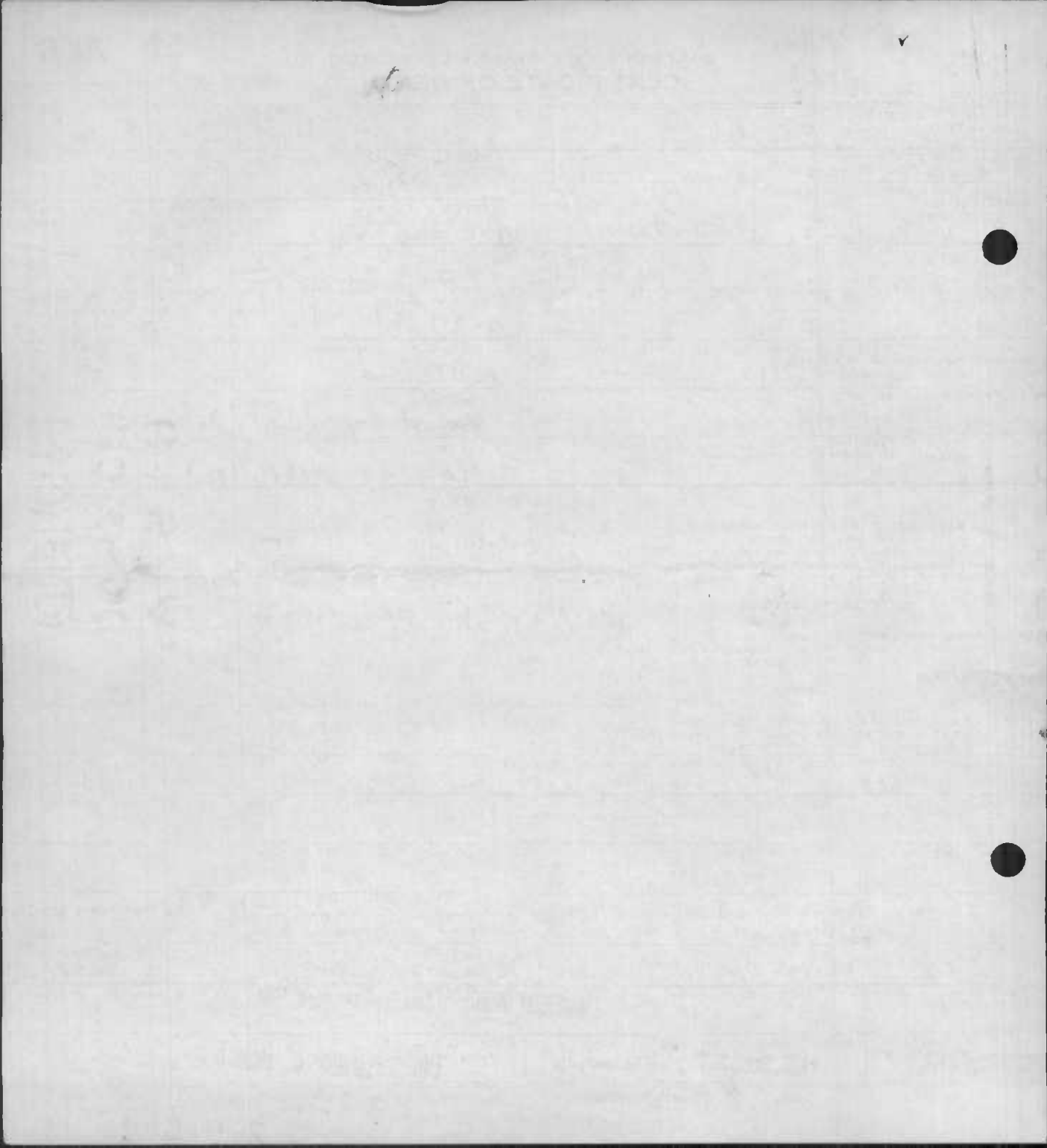
Commissioner of Health

VS 150

MEDICAL CERTIFICATION

UG 14 1951

51 7066 705160C



51 7067

51 7067

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

51-16617

1. NAME OF DECEASED
(Type or Print)

Jackson Baby Boy

2. DATE
OF
DEATH

7-24-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, 2 5-01

D. STREET ADDRESS (If rural, give location)

1201 Jefferson St.

c. Length of stay in Baltimore

#8

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

7/24/50

9. AGE (In years last birthday) Months Days

H Under 1 Year
H Under 24 Hours
Hours: Min. 50

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

William Everett Jackson

14. MOTHER'S MAIDEN NAME

Josephine Elizabeth Jackson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 762.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Atalecdasis → Anoxia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/24, 1951, to 7/24, 1951, that I last saw the deceased alive on 7/24, 1951, and that death occurred at 10 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. W. Newman M.D.

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL AUG 3 1951

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 14 1951

[Signature]

Commissioner of Health

VS 150

510002055

161a

MEDICAL CERTIFICATION

General Highway

520
51 7068BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7068

Registered No.

BIRTH NO. 51-16946

1. NAME OF DECEASED
(Type or Print)

BABY BOY JONES

2. DATE
OF
DEATH

7-19-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

1108 Stoddard Ct.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

776 X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONCOITION CAUSING IT.

(C)

CAUSE OF DEATH

Prematurity

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-19, 1951, to 7-19, 1951, that I last saw the
deceased alive on 7-19, 1951, and that death occurred at 9:21 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

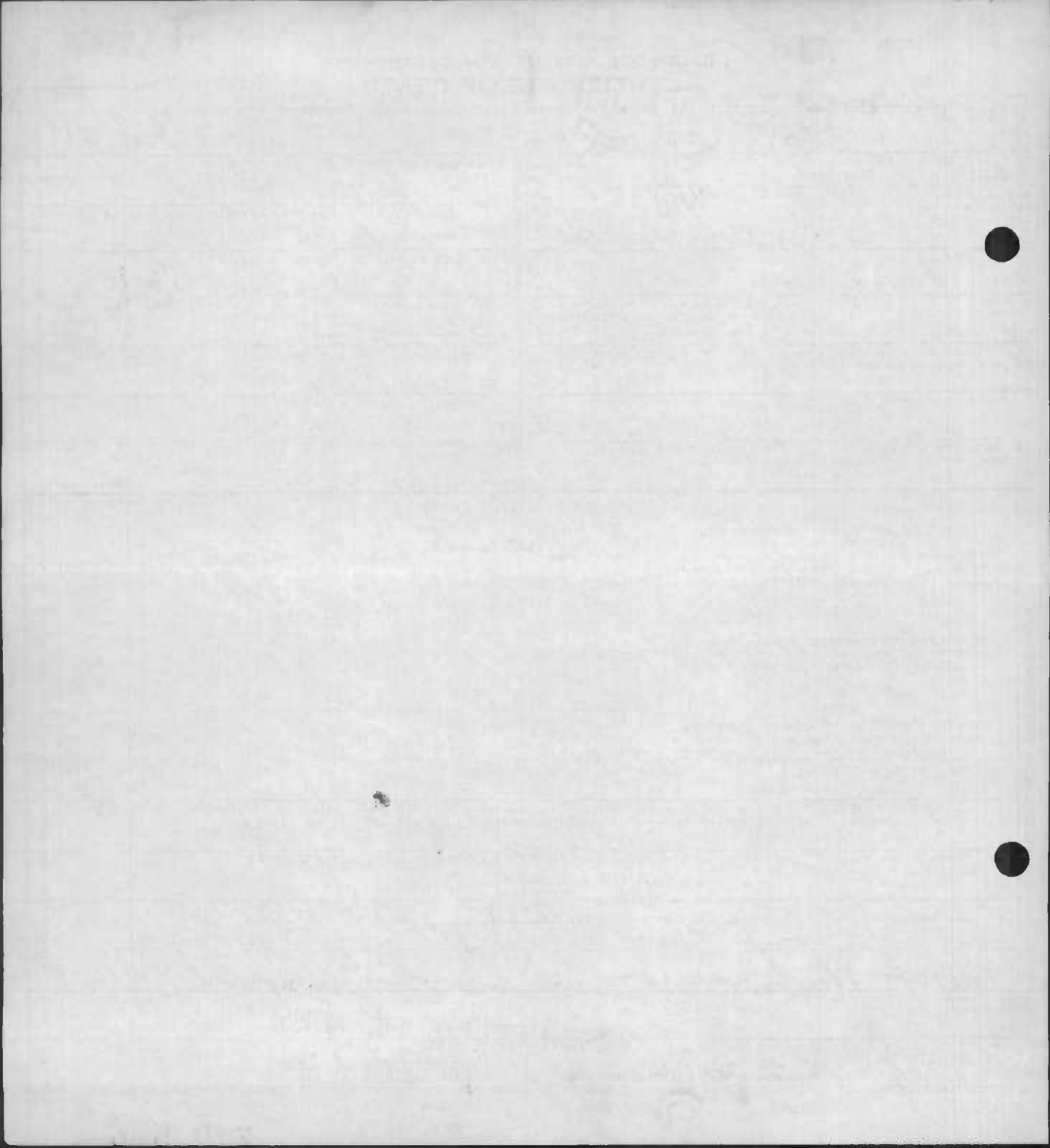
REGISTRAR'S SIGNATURE

UNIVERSITY MEDICAL SCHOOL AUG 3 1951
Commissioner of Health

ADDRESS

VS 150

MEDICAL CERTIFICATION



146

51 7069

FOWBLER
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7069

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY FOWBLER

2. DATE
OF
DEATH

8-2-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

MERCY HOSP.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 9-09

D. STREET ADDRESS (If rural, give location)

732 E. PRESTON ST.

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year	If Under 24 Hours
Months	Days
Hours	Min.

78

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

?

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

EMMANUEL FARBER

14. MOTHER'S MAIDEN NAME

CECILIA ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

UNK.

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 332X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

CEREBRAL THROMBOSIS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

ARTERIOSCLEROSIS

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

19 days

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1, 1951, to 8-2, 1951, that I last saw the deceased alive on 8-2, 1951, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Wm. H. H. Shea M.D.

23B. ADDRESS

Mercy Hosp.

23C. DATE SIGNED

8-2-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL AUG 3 1951

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

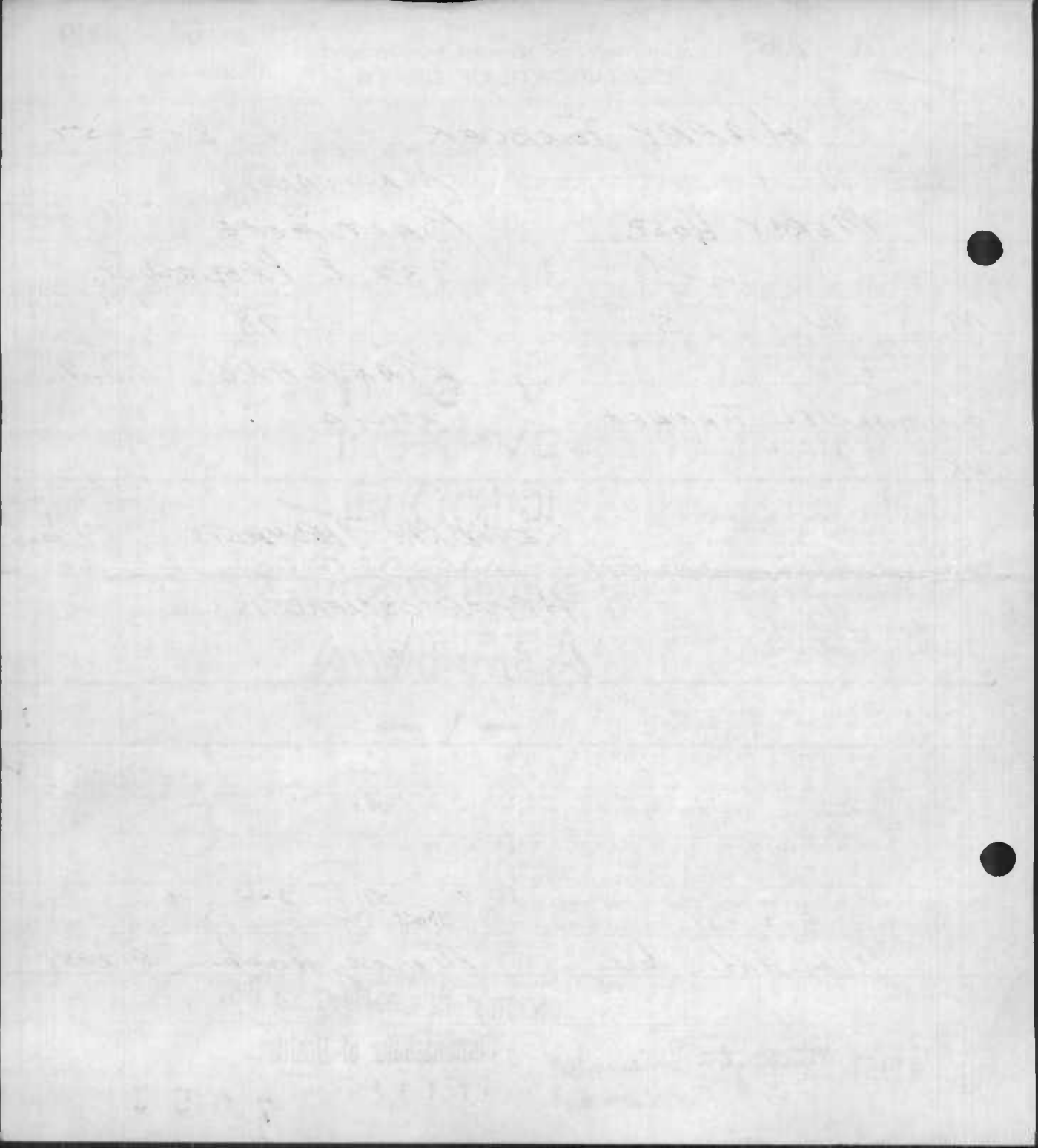
Commissioner of Health

AUG 14 1951

VS 150

51-0-705830

MEDICAL CERTIFICATION



62551 7070
51. 17461

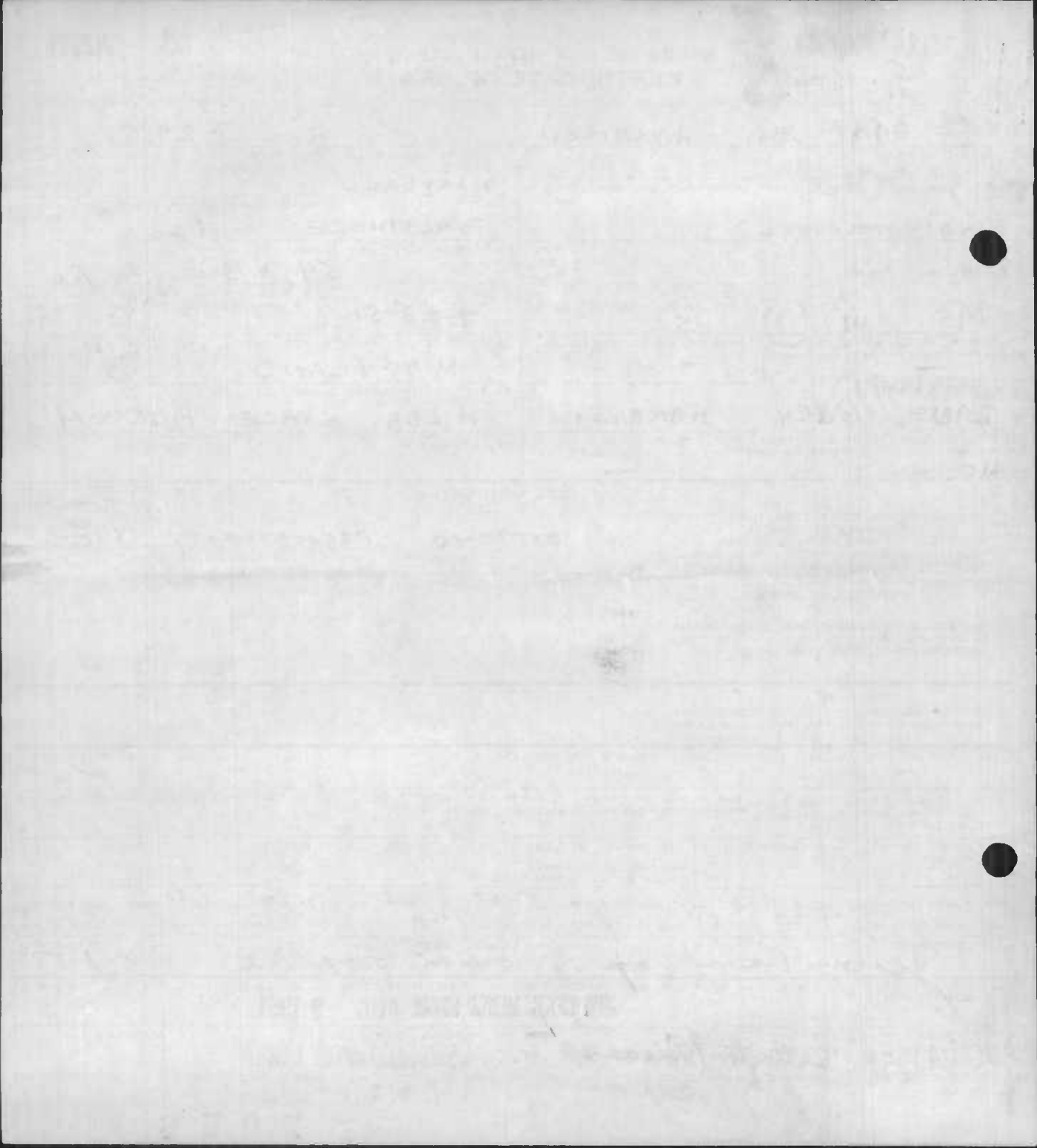
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7070
Registered No.

1. NAME OF DECEASED (Type or Print) BABY BOY HARRISON			2. DATE OF DEATH 7-29-51		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MARYLAND b. COUNTY Baltimore		
b. FULL NAME OF HOSPITAL OR INSTITUTION SINAI HOSPITAL			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE #20 Middle River		
c. Length of stay in Baltimore 1 Yrs. 1 Mos. 1 Days			d. STREET ADDRESS (If rural, give location) 54 N. BOLLING RD.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 7-28-51		9. AGE (In years last birthday) 11 Months 11 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) MARYLAND	
13. FATHER'S NAME ZANE GREY HARRISON			12. CITIZEN OF WHAT COUNTRY? U.S.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. -		
17. INFORMANT HILDA GRACE MARCOM			ADDRESS		

18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) EXTREME PREMATUREITY DUE TO (A) EXTREME PREMATUREITY (B) - (C) -		INTERVAL BETWEEN ONSET AND DEATH 11 49 50 hrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) - (C) -		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. -		

19a. DATE OF OPERATION -		19b. MAJOR FINDINGS OF OPERATION -		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Sinai Hospital		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Sinai Hospital	
21d. TIME (Month) (Day) (Year) (Hour) 7-29-51		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? -	
22. I hereby certify that I attended the deceased from 7-28 , 19 51 , to 7-29 , 19 51 , that I last saw the deceased alive on 7-27 , 19 51 , and that death occurred at 1:54 a. m., from the causes and on the date stated above.					
23a. SIGNATURE Jerome Kaufman		23b. ADDRESS Sinai Hospital		23c. DATE SIGNED 8-3-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) -		24b. DATE AUG 14 1951		24c. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL	
24d. LOCATION (City, town, or county) AUG 9 1951		24e. REGISTRAR'S SIGNATURE W. H. Williams		24f. FUNERAL DIRECTOR Commissioner of Health	
24g. ADDRESS -		24h. ADDRESS -		24i. ADDRESS -	



51 7071
460
51-16549

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7071
Registered No.

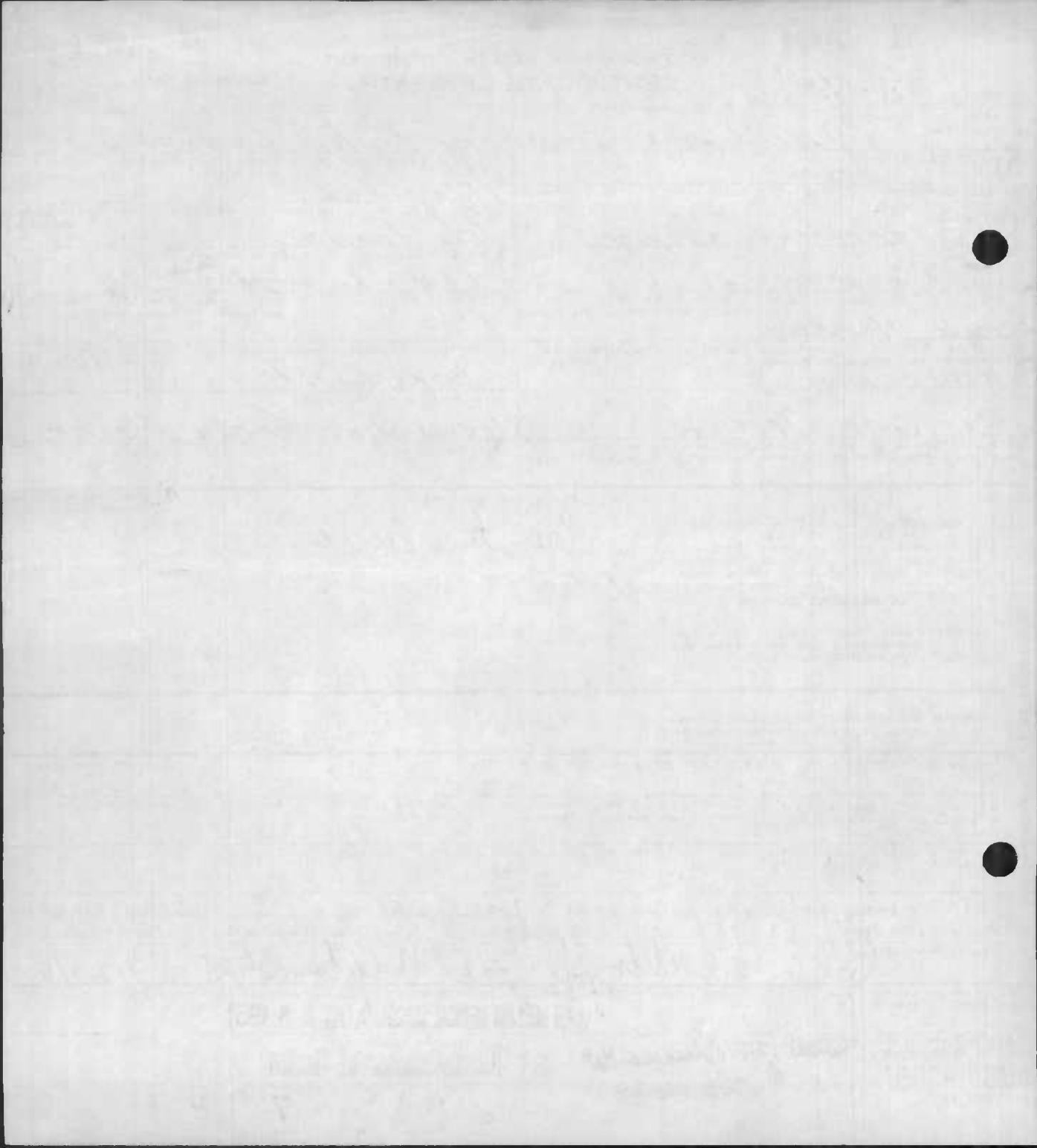
1. NAME OF DECEASED (Type or Print) <i>Geraldine Barbara Miller</i>		2. DATE OF DEATH <i>7-23-51</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>Baltimore</i>	
b. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Provident Hospital</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore 20-01</i>	
c. Length of stay in Baltimore <i>1</i>		d. STREET ADDRESS (If rural, give location) <i>1846 N. Loratoga St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>7-22-51</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Newborn</i>		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>Johnnie Miller</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? <i>5</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Geraldine Beesa Moser</i>	
17. INFORMANT		ADDRESS	

18. <i>776x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Premature Birth</i>	CAUSE OF DEATH <i>Premature Birth</i>	INTERVAL BETWEEN ONSET AND DEATH
I ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>7/22</i> of <i>1951</i> , to <i>7/23</i> , 1951, that I last saw the deceased alive on <i>7/23</i> , 1951, and that death occurred at <i>7:26 a.m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Ralph W. Becklin</i>		23b. ADDRESS <i>426 N. Gelman Street</i>		23c. DATE SIGNED <i>7/24/51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <i>JOHN HOPKINS MEDICAL SCHOOL</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 14 1951</i>		24d. LOCATION (City, town, or county) (State) <i>AUG 8 1951</i>		25. FUNERAL DIRECTOR <i>Commissioner of Health</i>	

MEDICAL CERTIFICATION

51-16549-70159



523
51 7072

BALTIMORE CITY HEALTH DEPARTMENT

51 7072

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. *N.R.*1. NAME OF DECEASED
(Type or Print)*Ronald Van Cusdale*2. DATE
OF
DEATH*Aug 13, 1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1421 E

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Allegany

B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

*Potomac**Park**POTOMAC*

D. STREET ADDRESS (If rural, give location)

*Route 5**5100*

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

*white*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Single*

8. DATE OF BIRTH

*11-28-45*9. AGE (in years
last birthday)*5*

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Bernard Van Cusdale

14. MOTHER'S MAIDEN NAME

Marion Zembauer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*JOHNS HOPKINS HOSPITAL*18. *304.0*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Leukemia, lymphatic

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *8/10*, 19*51*, to *8/13*, 19*51*, that I last saw the deceased alive on *8/13*, 19*51*, and that death occurred at *9 A.* m., from the causes and on the date stated above.

23A. SIGNATURE

William W. Waring

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

8-13-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

8-16-1951

24C. NAME OF CEMETERY OR CREMATORY

St. Peter & Paul

24D. LOCATION (City, town, or county) (State)

*Cumberland**Md.*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William W. Waring

25. FUNERAL DIRECTOR

John G. Moran

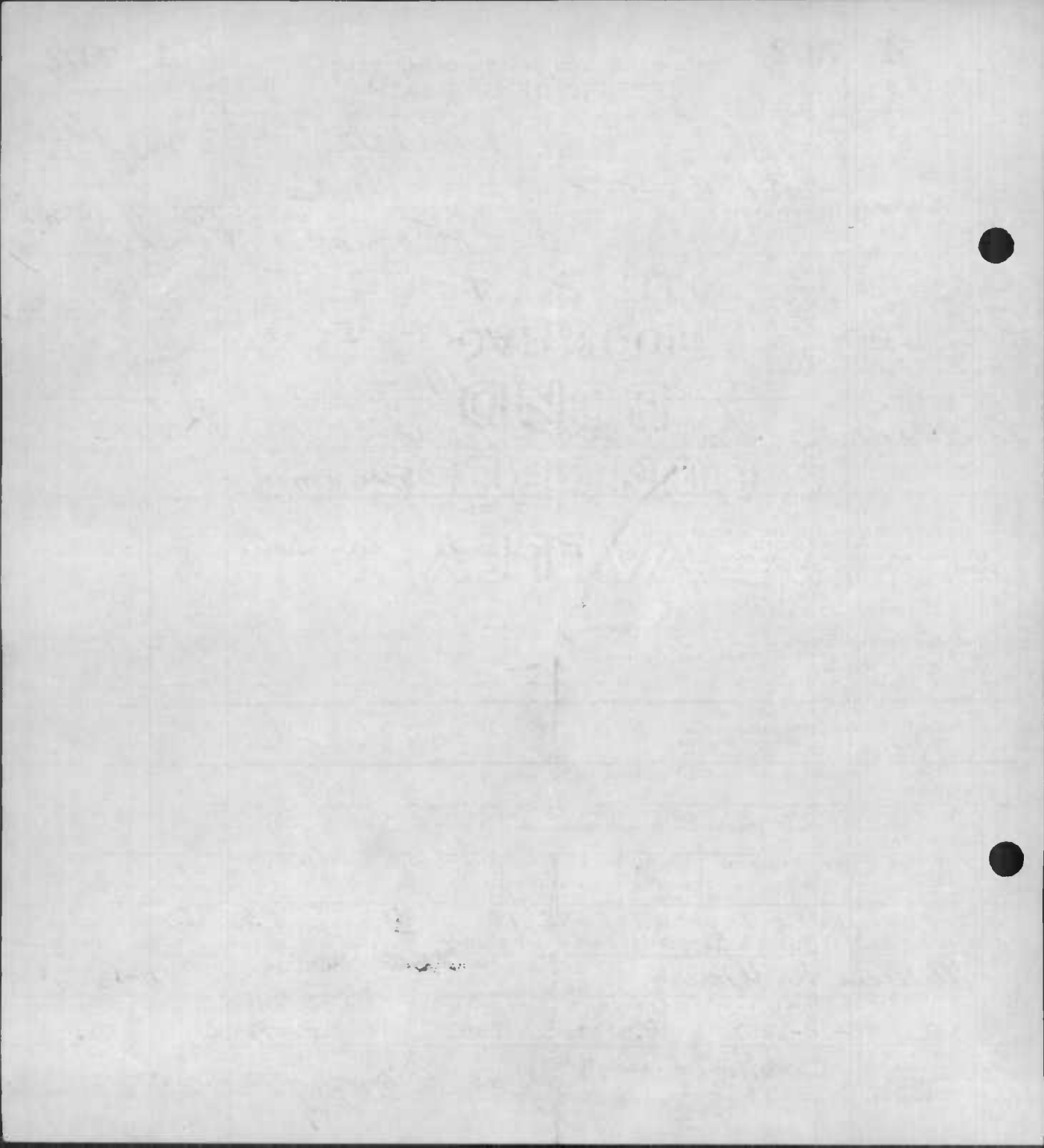
ADDRESS

3000 E. Baltimore St.

AUG 14 1951

VS 150

510706074a



51 7073

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7073

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dr. John A. Evans

2. DATE
OF
DEATH

Aug. 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

6029 Bellona Ave.

C. Length of stay in Baltimore

56 years

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Jan. 27, 1866

9. AGE (in years
last birthday)

85

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

physician (Homeopathic)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Penna.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Nicholas Evans

14. MOTHER'S MAIDEN NAME

Mary Ann Evans

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Stella L. Evans 6029 Bellona Ave.

18. 4 yr. 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) MYOCARDIAL INSUFFICIENCY

DUE TO

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arterio Sclerosis

DUE TO

10 yrs.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 12, 1949 to Aug. 11, 1951, that I last saw the
deceased alive on Aug. 11, 1951, and that death occurred at 6 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
cremation

24B. DATE

Aug. 14, 1951

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 14 1951

John O. Mitchell & Sons Inc.

1900 Eytaw Place

area 4116

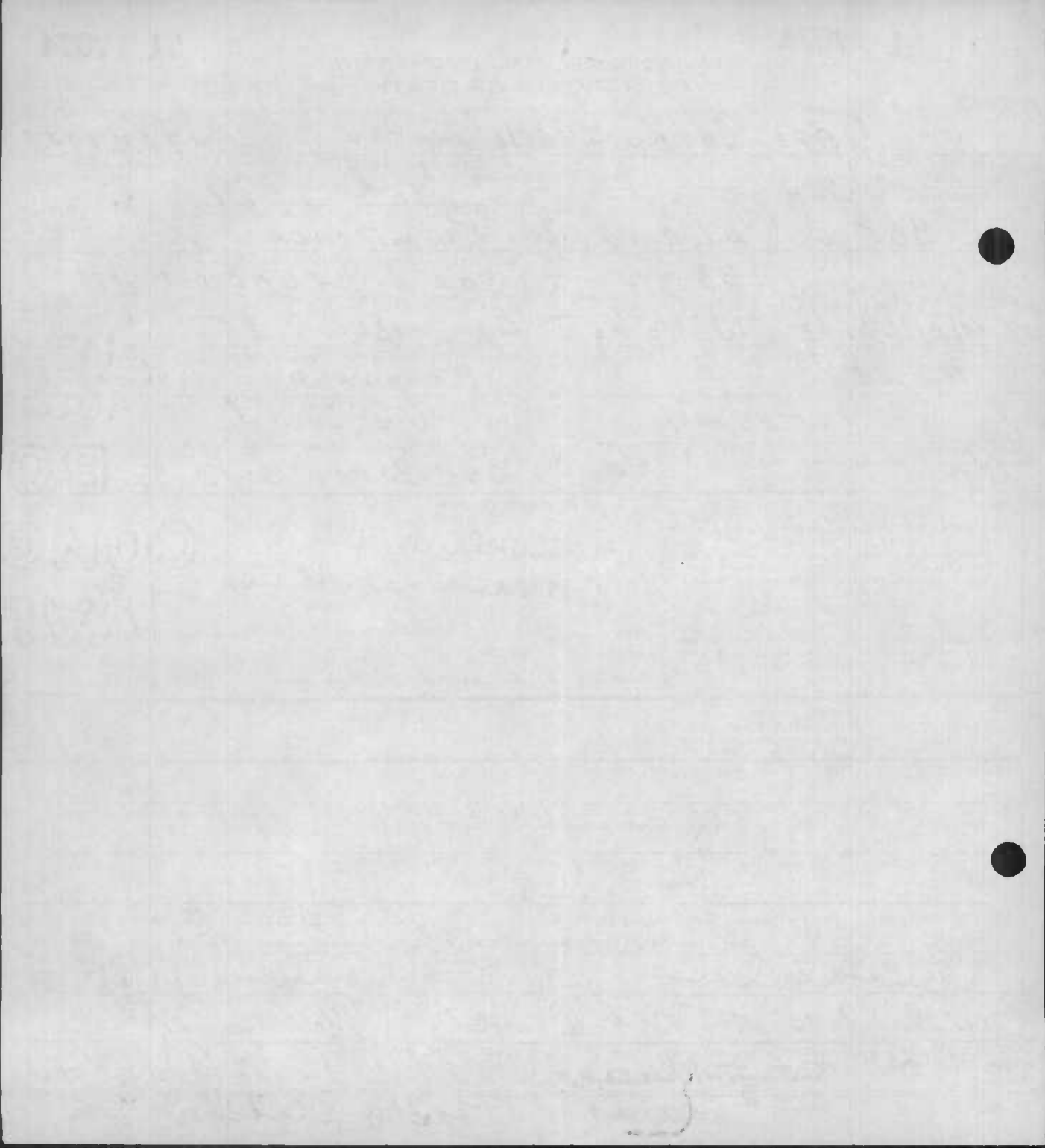
300
31051 7074

51 7074

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) TASI CATAU = TASIE GATAU		2. DATE OF DEATH Aug 12, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MD B. COUNTY 19-03			
B. FULL NAME OF HOSPITAL OR INSTITUTION 305 S. CALHOUN ST		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE			
C. Length of stay in Baltimore 38 yrs		D. STREET ADDRESS (If rural, give location) 305 S. CALHOUN ST			
5. SEX FEMALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH April - 1866	9. AGE (In years last birthday) 85	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) NONE		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ROMANIA	
12. CITIZEN OF WHAT COUNTRY? ROMANIA		13. FATHER'S NAME UNKNOWN			
14. MOTHER'S MAIDEN NAME UNKNOWN		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO			
16. SOCIAL SECURITY NO. NONE		17. INFORMANT John Catau 305 S. Calhoun St			
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 4221 I CAUSE OF DEATH Arteriosclerosis C. V. D. auricular fibrillation		INTERVAL BETWEEN ONSET AND DEATH 1 year			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/11 , 19 51 , to 8/12 , 19 51 , that I last saw the deceased alive on 8/11 , 19 51 , and that death occurred at 2 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE Donald Delubard		23B. ADDRESS 1001 Annaphsd		23C. DATE SIGNED 8/13/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8-15-51		24C. NAME OF CEMETERY OR CREMATORY Mt Olivet	
24D. LOCATION (City, town, or county) (State) Baltimore MD		24E. FUNERAL DIRECTOR John & B. M. Walters		24F. ADDRESS 1001 Annaphsd	
DATE RECEIVED BY LOCAL REGISTRAR AUG 14 1951		REGISTRAR'S SIGNATURE Wilmington Williams, Jr.		25. FUNERAL DIRECTOR John & B. M. Walters	
25. ADDRESS 1001 Annaphsd					



634
51 7075BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 7075

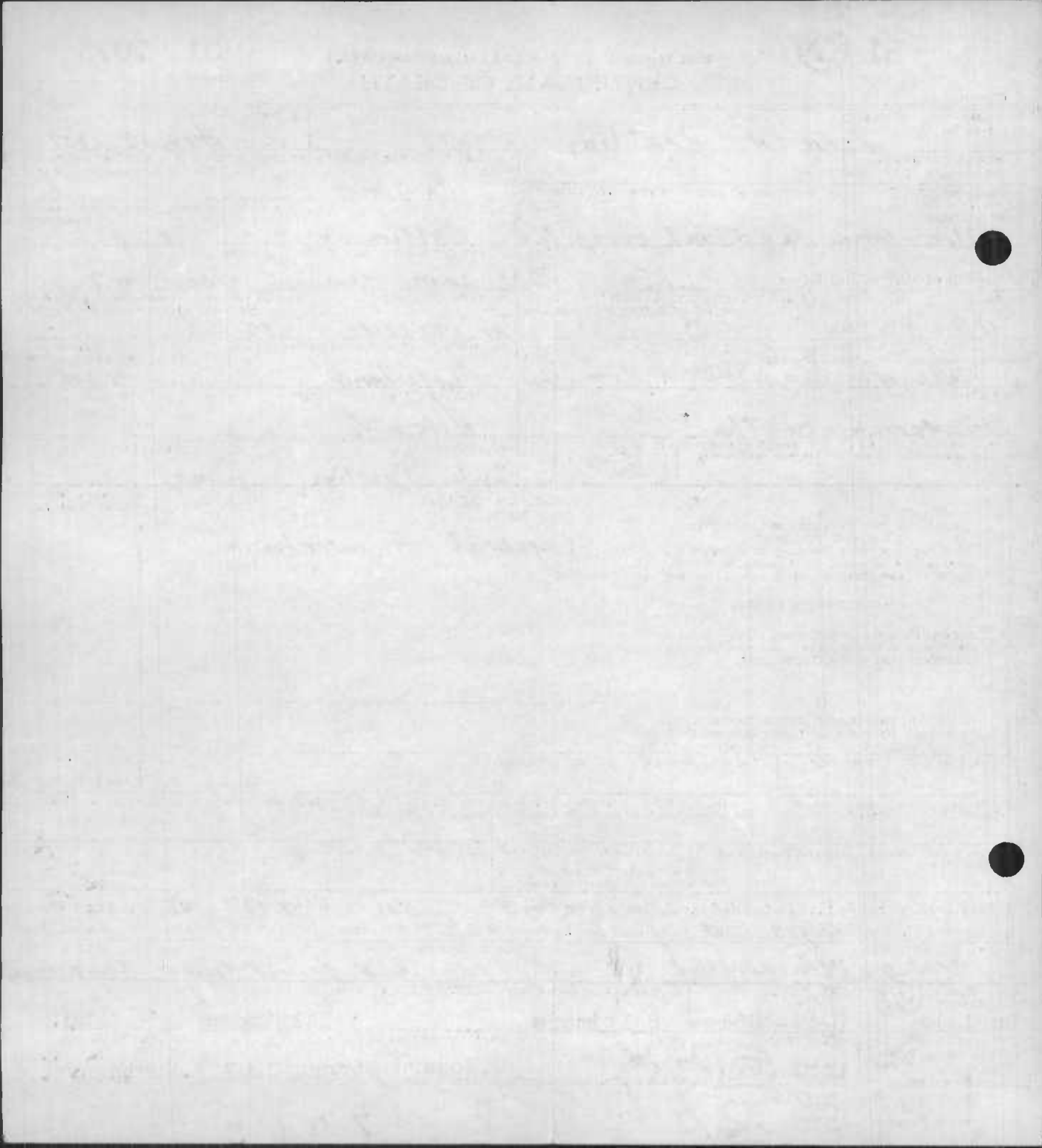
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>John H. Bartling</u>			2. DATE OF DEATH <u>Aug. 13, 1957</u>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Baltimore</u>		
b. FULL NAME OF HOSPITAL OR INSTITUTION <u>Maryland General Hospital</u>			c. CITY OR TOWN <u>Baltimore</u>		
c. Length of stay in Baltimore <u>Life</u>			d. STREET ADDRESS (If rural, give location) <u>2013 Kennard Drive #7</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>JAN. 19, 1874</u>	9. AGE (In years last birthday) <u>77</u>	10. Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired News Carrier</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Balto. News American</u>		
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Frederick Bartling</u>			14. MOTHER'S MAIDEN NAME <u>Ellen?</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		
17. INFORMANT <u>Sophia Doerling</u>			ADDRESS <u>Same</u>		
18. <u>331X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cerebral Hemorrhage.</u> (A) DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Aug. 9</u> , 1957, to <u>Aug. 13</u> , 1957, that I last saw the deceased alive on <u>Aug. 13</u> , 1957, and that death occurred at <u>4:40 Am.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>D. MacPherson</u>		23b. ADDRESS <u>Maryland General Hospital</u>		23c. DATE SIGNED <u>Aug. 14, 1957</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-16-1957</u>		24c. NAME OF CEMETERY OR CREMATOR <u>Baltimore</u>	
24d. LOCATION (City, town, or county) <u>Baltimore</u>		24e. STATE <u>Md.</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>AUG 14 1957</u>		REGISTRAR'S SIGNATURE <u>Walter J. Williams</u>		25. FUNERAL DIRECTOR <u>G. Howard Strong</u>	
ADDRESS <u>3207 W. North Ave.</u>					

VS 150

510007063

83a



532 51 7076

51 7076

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frances Sands

2. DATE
OF
DEATH

8-11-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Fe

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

Private family

13. FATHER'S NAME

Joseph A. Sands

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.
216-24-7301

A. DATE OF BIRTH

June 11, 1897

9. AGE (In years last birthday)

54

11 Under 1 Year
Month Days Hours Min.

11. BIRTHPLACE (State or foreign country)

Cocksville, Md.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Florence Smith

17. INFORMANT

Cordella Downs - 1007 Madison Ave

ADDRESS

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Ulcerative colitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Congestive heart failure

19A. DATE OF OPERATION

7-16-51

19B. MAJOR FINDINGS OF OPERATION

Ulcerative colitis - Fecal fistula

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/24th 1951, to 8-11th 1951, that I last saw the deceased alive on 8/11th 1951, and that death occurred at 12th p. m., from the causes and on the date stated above.

23A. SIGNATURE

C. H. H. Inford

23B. ADDRESS

M. D.

Provident Hospital

23C. DATE SIGNED

8-13-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Aug. 14, 1951

24C. NAME OF CEMETERY OR CREMATORY

BUSH PARK

24D. LOCATION (City, town, or county)

Cocksville, Md

(State)

DATE RECEIVED BY LOCAL HEALTH OFFICE

AUG 14 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Charles R. Law - 802 Madison Ave

ADDRESS

VS 150

7208A 000706 120B

MEDICAL CERTIFICATION

DATE RECEIVED
BY
AT 11:00 AM 1964

ADDRESS

SECTION

51 7077

51 7077

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

EDDIE (Edward E.) WONG

2. DATE
OF
DEATH

August 9, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

b. FULL NAME OF (if not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Provident Hospital

Maryland

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

1413 Madison Street

c. Length of stay in Baltimore

25 YRS

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

DIVORCED

8. DATE OF BIRTH

March 6, 1906

9. AGE (In years
last birthday)

45

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Presser

10b. KIND OF BUSINESS OR
INDUSTRY

TAILOR Shop

11. BIRTHPLACE (State or foreign country)

Cleveland, Ohio

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MARY JAMES - 2506 MADISON AVE

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

Stanley H. Dunderlin

M.D.

23b. CHIEF MEDICAL EXAMINER
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23c. DATE SIGNED

8/10/51

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

8/15/51

24c. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24d. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

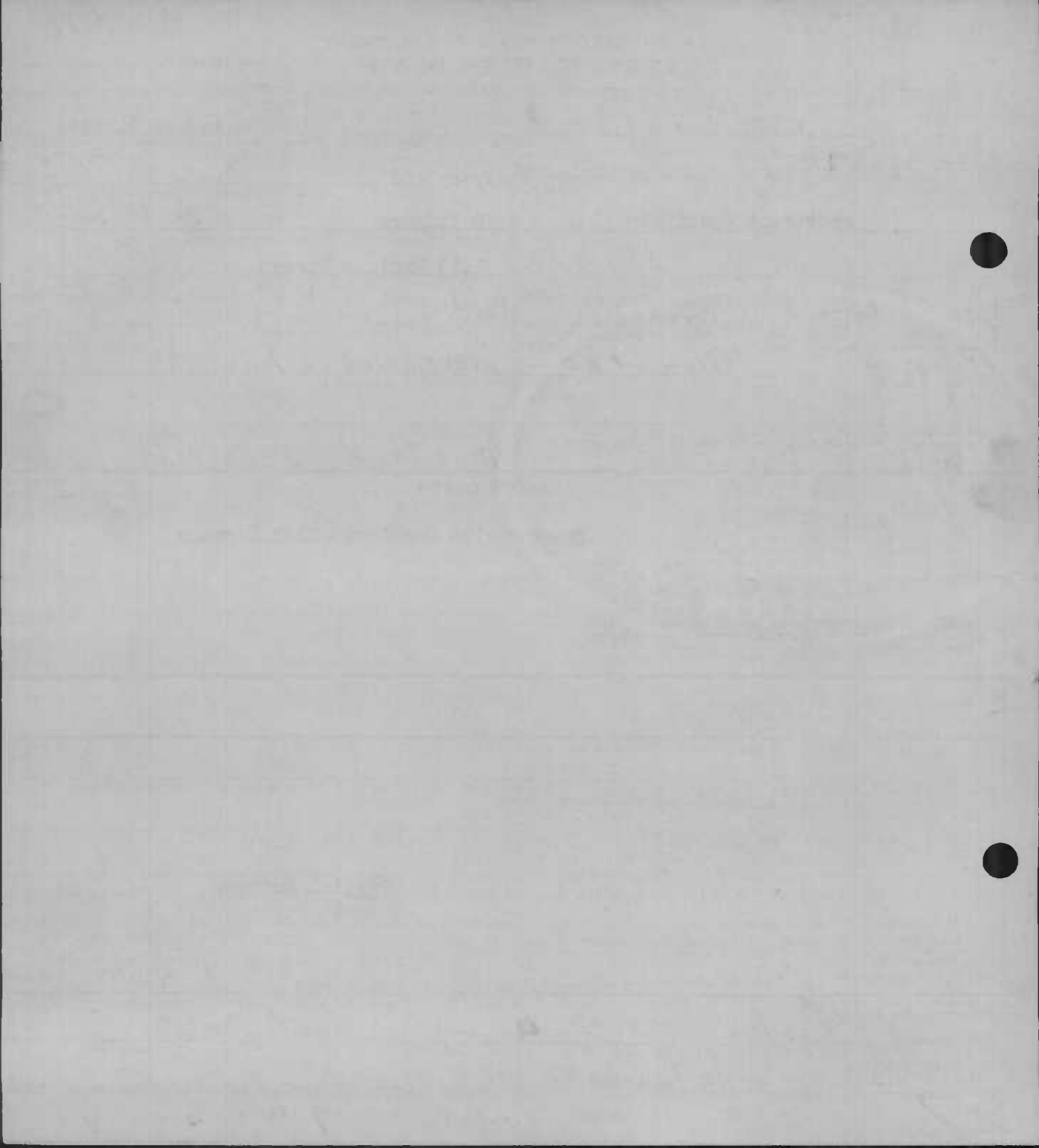
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 14 1951

Charles L. Law, 802 Madison Ave



524 51 7078

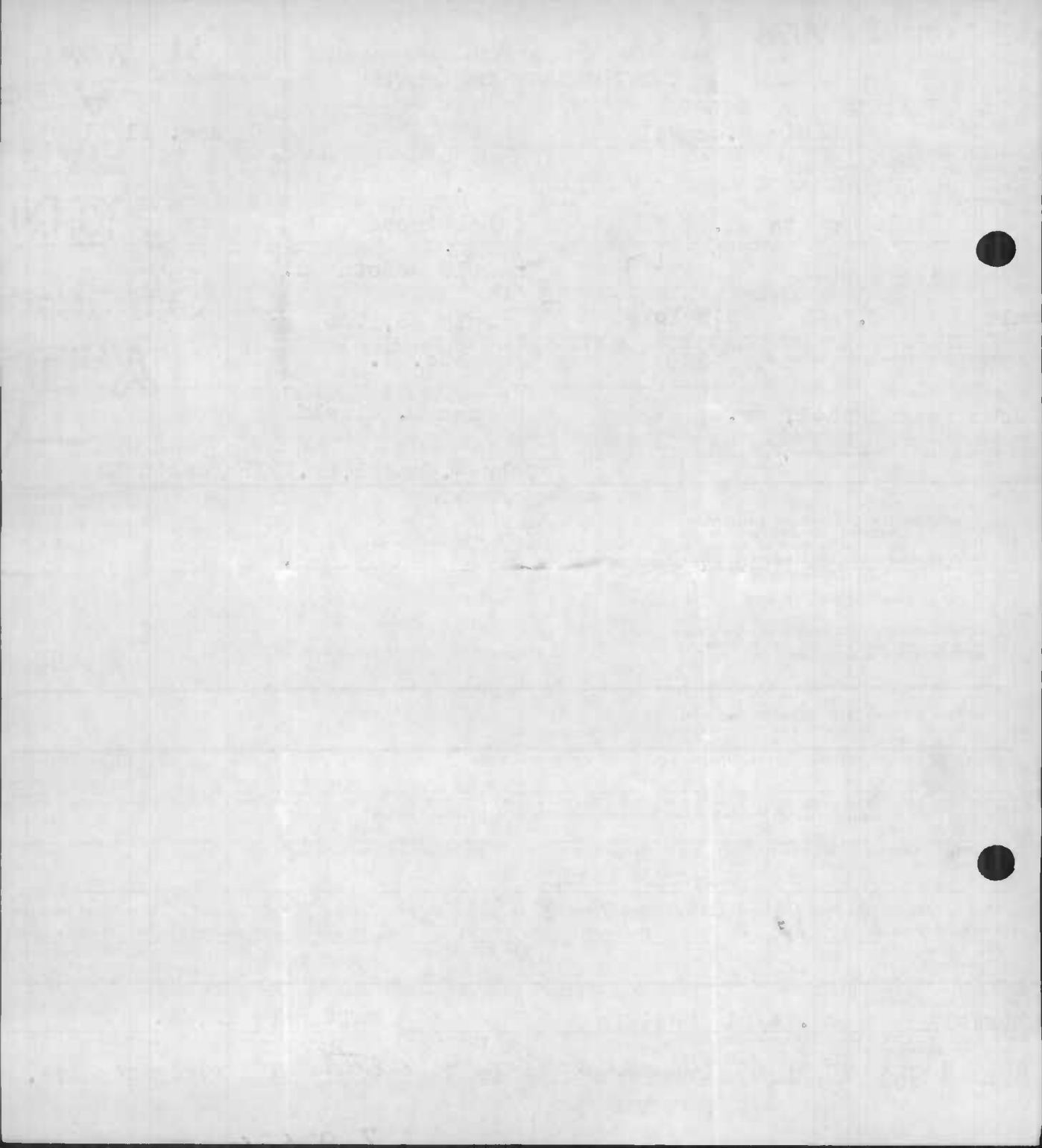
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7078
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Edwin W. Henkel		2. DATE OF DEATH Aug. 11/51	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore			
b. FULL NAME OF HOSPITAL OR INSTITUTION 1019 DeSota Rd.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Life		d. STREET ADDRESS (If rural, give location) 1019 DeSota Rd.			
5. SEX Male	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 25, 1925	9. AGE (In years last birthday) 26	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) Balto. Md.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME John Wade Henkel, Sr.			
14. MOTHER'S MAIDEN NAME Anna L. Einolf		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NO			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS John W. Henkel, Sr. 1019 DeSota Rd			

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 351 X Pneumonia		CAUSE OF DEATH (A) Pneumonia DUE TO (B) Cerebral palsy DUE TO (C) none		INTERVAL BETWEEN ONSET AND DEATH 2 days 24 hrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. none				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. none				

19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/7/51 , to 8/11 , 19 51 , that I last saw the deceased alive on 8/11 , 19 51 , and that death occurred at 11 m., from the causes and on the date stated above.					
23A. SIGNATURE Henry H. Witzke		23B. ADDRESS 2030 W. Wilson Ave.		23C. DATE SIGNED 8/13/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug. 14/51		24C. NAME OF CEMETERY OR CREMATORY Western	
24D. LOCATION (City, town, or county) (State) Baltimore 23, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR AUG 14 1951		24F. REGISTRAR'S SIGNATURE Henry H. Witzke	
24G. FUNERAL DIRECTOR Henry H. Witzke		24H. ADDRESS 4101 Edmondson Ave.			



400
51 7079BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7079
Registered No. 3698

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Elizabeth Sewell</i>			2. DATE OF DEATH <i>Aug 14 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1516 Presstman St</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore 15-01</i>					
C. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>1516 Presstman St</i>					
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Oct. 14, 1880</i>	9. AGE (In years last birthday) <i>71</i>	If Under 1 Year Months: Days		If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <i>Calvert County Md.</i>		
13. FATHER'S NAME <i>Jerry Steward</i>			14. MOTHER'S MAIDEN NAME <i>Emma Gallows</i>			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <i>Annie Warren</i>		

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Myocarditis</i>	CAUSE OF DEATH (A) <i>Myocarditis</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>unknown</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Atherosclerosis</i>	(B) <i>Atherosclerosis</i> DUE TO	<i>unknown</i>
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *9-15-1950*, to *8-10-1951*, that I last saw the deceased alive on *8-9-1951*, and that death occurred at *3:15 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Frank A. Saunders</i>		23B. ADDRESS <i>1029 N. Stricker St.</i>		23C. DATE SIGNED <i>8-13-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Aug 14/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Stephen Am. Assoc. Md.</i>	
24D. LOCATION (City, town, or county) (State) <i>Calvert County Md.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Mrs. G. H. D. Elliott & Daughter</i> <i>1129 N. Caroline St. 937</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 14 1951</i>		REGISTRAR'S SIGNATURE <i>W. H. Williams, Jr.</i>		VS 150	

VALLEY

INDUSTRIES

BOND

100% SAT

U.S.A.

350
51 7080BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7080
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Loretta Mae Oden

2. DATE
OF
DEATH

August 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1210 W. 41st Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

13-08

D. STREET ADDRESS (If rural, give location)

1210 W. 41st Street

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

April 14, 1902

9. AGE (In years
last birthday)

49

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Seamstress

10B. KIND OF BUSINESS OR
INDUSTRY

Knothe Bros. Shirt Mfg.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William M. Sprucebank

14. MOTHER'S MAIDEN NAME

Mary Ella Sterling

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
212-07-161717. INFORMANT
Harry A. Oden

ADDRESS

1210 W. 41st Street

18.

170x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Mutant Carcinoma
Brain and Bone

ANTECEDENT CAUSES

(B)

DUE TO

Primary Left Breast

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. CAUSE OF DEATH
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 May 1951, to 14 Aug, 1951, that I last saw the
deceased alive on 8/14/51, 1951, and that death occurred at 3:05 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas C. W. Stokes

M. D.

23B. ADDRESS

111 W. Monument St.

23C. DATE SIGNED

8/14/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Aug. 17, 1951

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

24D. LOCATION (City, town, or county)

Pikesville, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Burgee Funeral Home

ADDRESS

3631 Falls Road

Dr. Thos. C. Webster
901 St. Paul St.

524
51 7081BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7081
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Mrs. Ella Bersch Yingling			2. DATE OF DEATH August 12, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1503 East 35th Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1503 East 35th Street		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 31, 1887	9. AGE (In years last birthday) 64	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Richard F. Latham			14. MOTHER'S MAIDEN NAME Rachael Hare		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ---	17. INFORMANT ADDRESS H. Carroll Yingling 1503 E. 35th Street		

18. 470.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) coronary Occlusion DUE TO antehyperloasis (B) antehyperloasis DUE TO " (C) _____ INTERVAL BETWEEN ONSET AND DEATH Just yrs.	19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. II
--	--

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/5 19 51 , to 8/12 19 51 , that I last saw the deceased alive on 8/12 19 51 , and that death occurred at 5:15 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS 2020 N. Charles		23C. DATE SIGNED 8/14/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug. 15, 1951		24C. NAME OF CEMETERY OR CREMATORY Moreland Memorial Park	
24D. LOCATION (City, town, or county) (State) Baltimore Co., Maryland		25. FUNERAL DIRECTOR ADDRESS Burgee Funeral Home 3631 Falls Road			
DATE RECEIVED BY LOCAL REGISTRAR AUG 14 1951		REGISTRAR'S SIGNATURE [Signature]			

WATLEY
CONCRETE
BOND
100-7740
7-5-74

51 7082

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7082

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Laura Topp Stephenson

2. DATE
OF
DEATH

Aug 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX
F6. COLOR OR RACE
W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
W

8. DATE OF BIRTH

June 25, 1882

9. AGE (In years
last birthday)

69

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Practical

10B. KIND OF BUSINESS OR
INDUSTRY

Nurse

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Henry Topp

14. MOTHER'S MAIDEN NAME

Mary Gerhardt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mr. Dan Puet

ADDRESS

Willings, Va.

18. 002 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Bilateral pulmonary tuberculosis ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Generalized arteriosclerosis ?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 30, 1951, to Aug 13, 1951, that I last saw the deceased alive on Aug 13, 1951, and that death occurred at 12:15 P.M., from the causes and on the day stated above.

23A. SIGNATURE

Nelson S. Nelson

M. D.

23B. ADDRESS

Union Memorial

23C. DATE SIGNED

Aug 13, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11/16/51

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county) (State)

Anne Arundel Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Nelson S. Nelson

25. FUNERAL DIRECTOR

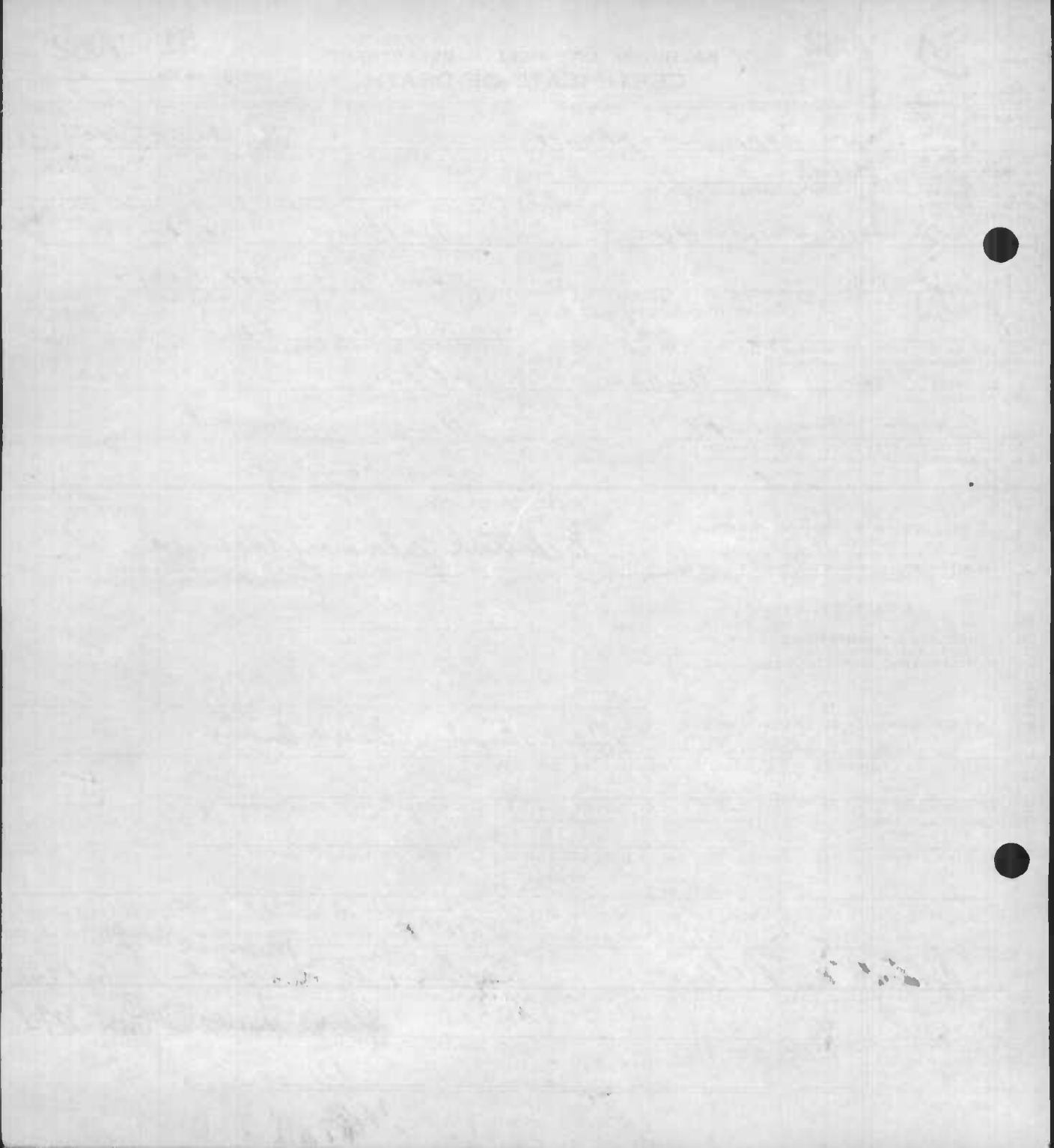
ADDRESS

4th St. Paul St. Paul

VS 150

88180 207070 1313

MEDICAL CERTIFICATION



400 51 7083

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7083
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Loise Royle		2. DATE OF DEATH Aug. 12, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hosp. of Maryland		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-17			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 5019 Chalgrove Ave #15			
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH Feb. 1, 1883	9. AGE (In years last birthday) 68	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Allan Mc Lane		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. -		14. MOTHER'S MAIDEN NAME Leah Lutton	
17. INFORMANT Mrs. Stanley Kenney		ADDRESS 5019 Chalgrove Ave			
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Heart Disease		CAUSE OF DEATH Arteriosclerotic Heart Disease			
DUE TO Uremia		(B) Uremia			
DUE TO Uremia		(C) Uremia			
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DUE TO Uremia		(IG) Uremia			
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STATE OF NEW YORK
CERTIFICATE OF DEATH

1911



18

19



623
51 7084BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7084
Registered No. _____

BIRTH NO.			1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH			
			Harry A. Wright			August 12, 1951			
3. PLACE OF DEATH: A. Baltimore City, Maryland						4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION 330 East 20th Street						C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore						D. STREET ADDRESS (If rural, give location) 330 East 20th Street			
5. SEX male		6. COLOR OR RACE white		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jan. 24, 1881		9. AGE (In years last birthday) 70	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plasterer				10B. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
13. FATHER'S NAME James C. Wright				14. MOTHER'S MAIDEN NAME Mary Jane Johnson				12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Anna Wright, 330 East 20th Street					
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arterial Accident DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Atherosclerosis of V. disease DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						INTERVAL BETWEEN ONSET AND DEATH 3 10 yrs			
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug 8, 1951, to Aug 12, 1951, that I last saw the deceased alive on Aug 11, 1951, and that death occurred at 1025 P.M., from the causes and on the date stated above.									
23A. SIGNATURE Joseph Friedman			23B. ADDRESS 404 E. North Ave			23C. DATE SIGNED 8-13-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) burial			24B. DATE 8/15/51			24C. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery			
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland			24E. FUNERAL DIRECTOR Wm. Cook & Co.			24F. ADDRESS 1217 St. Paul Street			

1 573440 20707293

VALLEY
CONGRESS
BOND

51 7085

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7085

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN H. CHRISSTLER a.s.

2. DATE
OF
DEATH

August 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

1711 Hollins Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)

If Under 1 Year Months Days If Under 24 Hours Hours Min.

Male

White

married

Dec. 20, 1875

75

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Bricklayer - Ret.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
217-05-8296

17. INFORMANT

ADDRESS

Lillie M. Chrisstler, 1711 Hollins Street

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Pelvic peritonitis

DUE TO rupture of carcinoma of large bowel

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

11

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

August 13, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

8/15/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cemetery

24D. LOCATION (City, town, or county)

Woodlawn,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

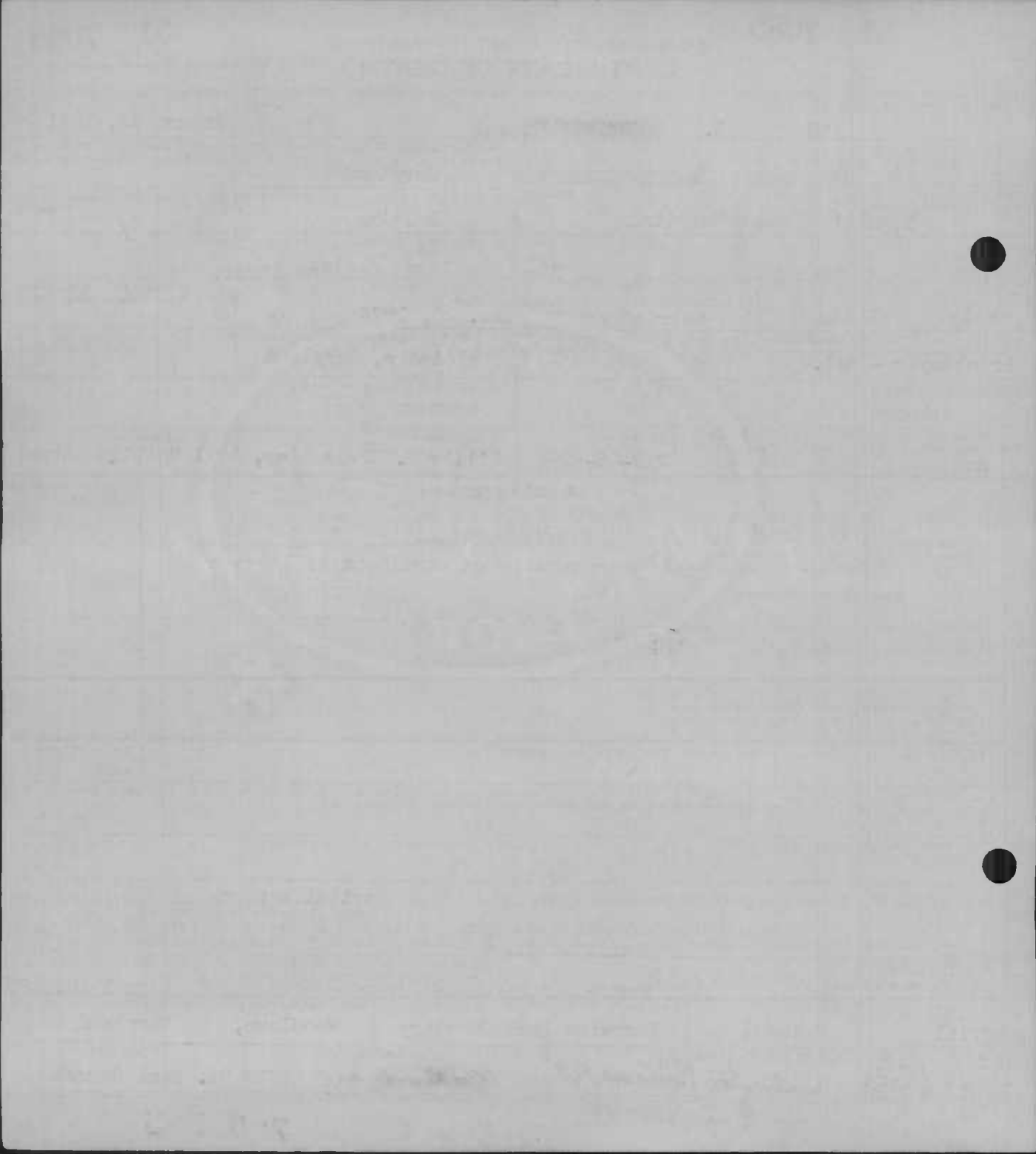
Wm Cook, Inc. 1217 St. Paul Street

AUG 14 1951
VS 151

Wm Cook, Inc.

50524 0 0 0 7 0 763 ✓

MEDICAL CERTIFICATION



E360

51 7086 BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7086
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Annie M Eder

2. DATE
OF
DEATH

8/13/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Sinai Hosp

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

JUNE 25-1877

9. AGE (In years
last birthday)

74

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

JOHN DESCH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or date of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

DANES. SCHULTZ

ADDRESS

1615 NORMAL AVE

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Embolism

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORKNOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/12, 1951, to 8/13, 1951, that I last saw the
deceased alive on 8/13, 1951, and that death occurred at 3:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Merome J. Collins M. D.

23B. ADDRESS

Sinai Hosp

23C. DATE SIGNED

8/13/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

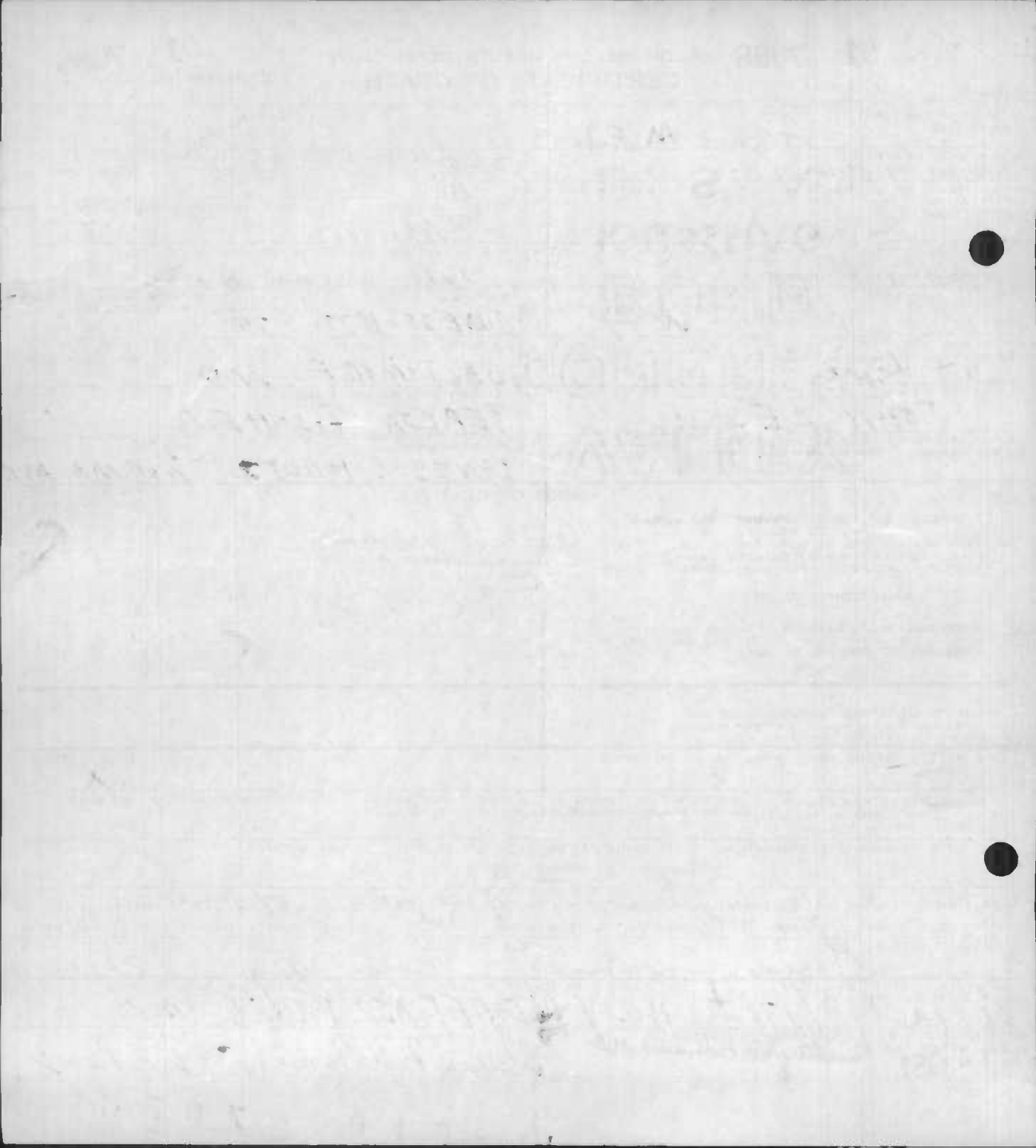
25. FUNERAL DIRECTOR

ADDRESS

UG 14 1951

Huntington Williams, M.D.

Merome J. Hoffman 1639 Broadway



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51-7087**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) **Alex W. Young**

2. DATE OF DEATH **Aug 11, 1951**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Balto. City**

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION

D.O.A. John Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1104 East Preston Street 7-09

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov-6-1895

9. AGE (in years, last birthday)

56

If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Minutes

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Porter

10B. KIND OF BUSINESS OR INDUSTRY

Clothing Buisness

11. BIRTHPLACE (State or foreign country)

Baltimore City

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Hester Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

215-03-6915 Lucy Kane 1817 North Caroline Street

17. INFORMANT

ADDRESS

18. **470.0**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic Heart Disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

William V. [Signature]

23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

Aug 12, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

8-15-51

24C. NAME OF CEMETERY OR CREMATORY

mt Calvary Cem.

24D. LOCATION (City, town, or county) (State)

Brooklyn Ind

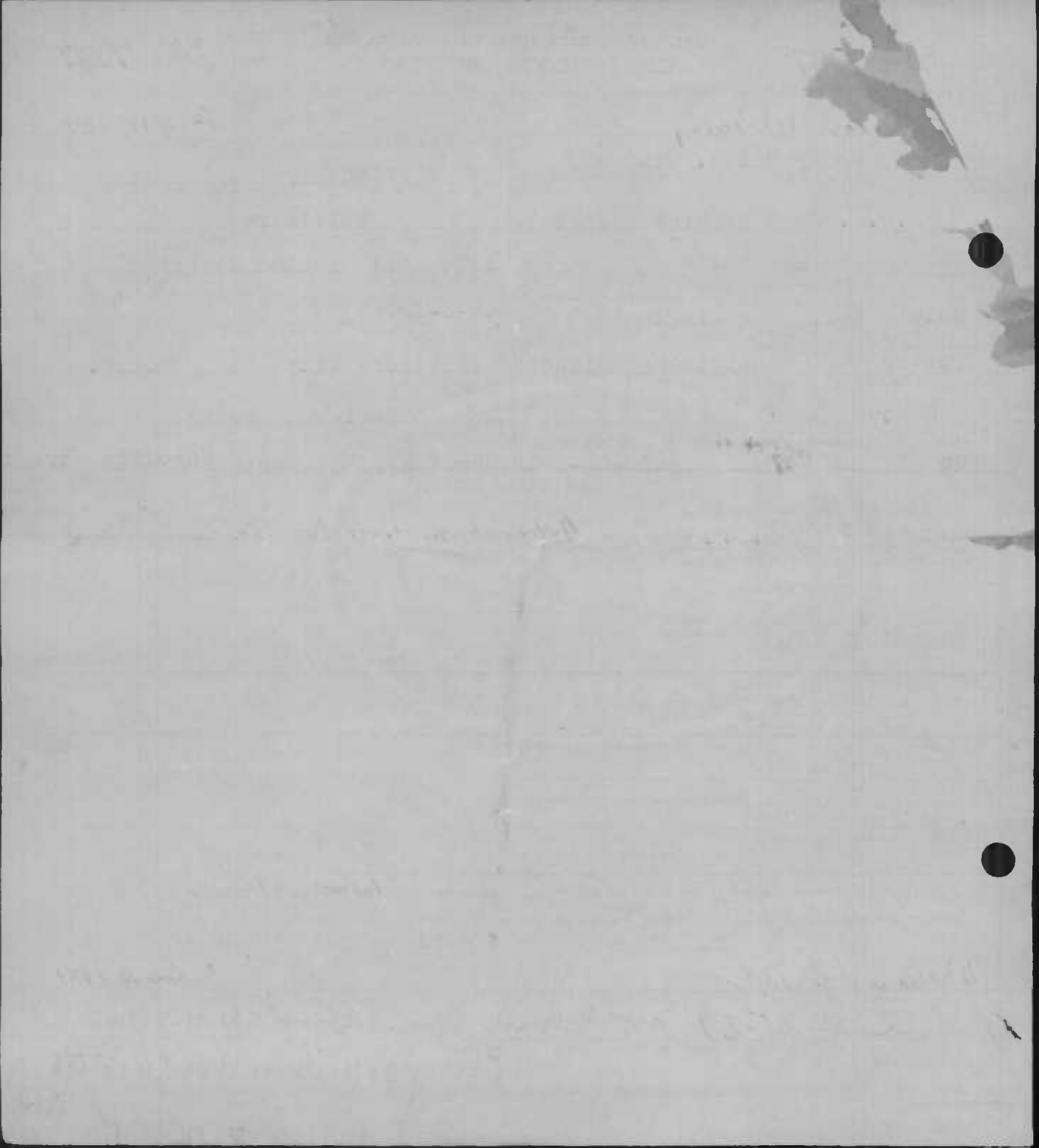
DATE RECEIVED BY LOCAL REGISTRAR

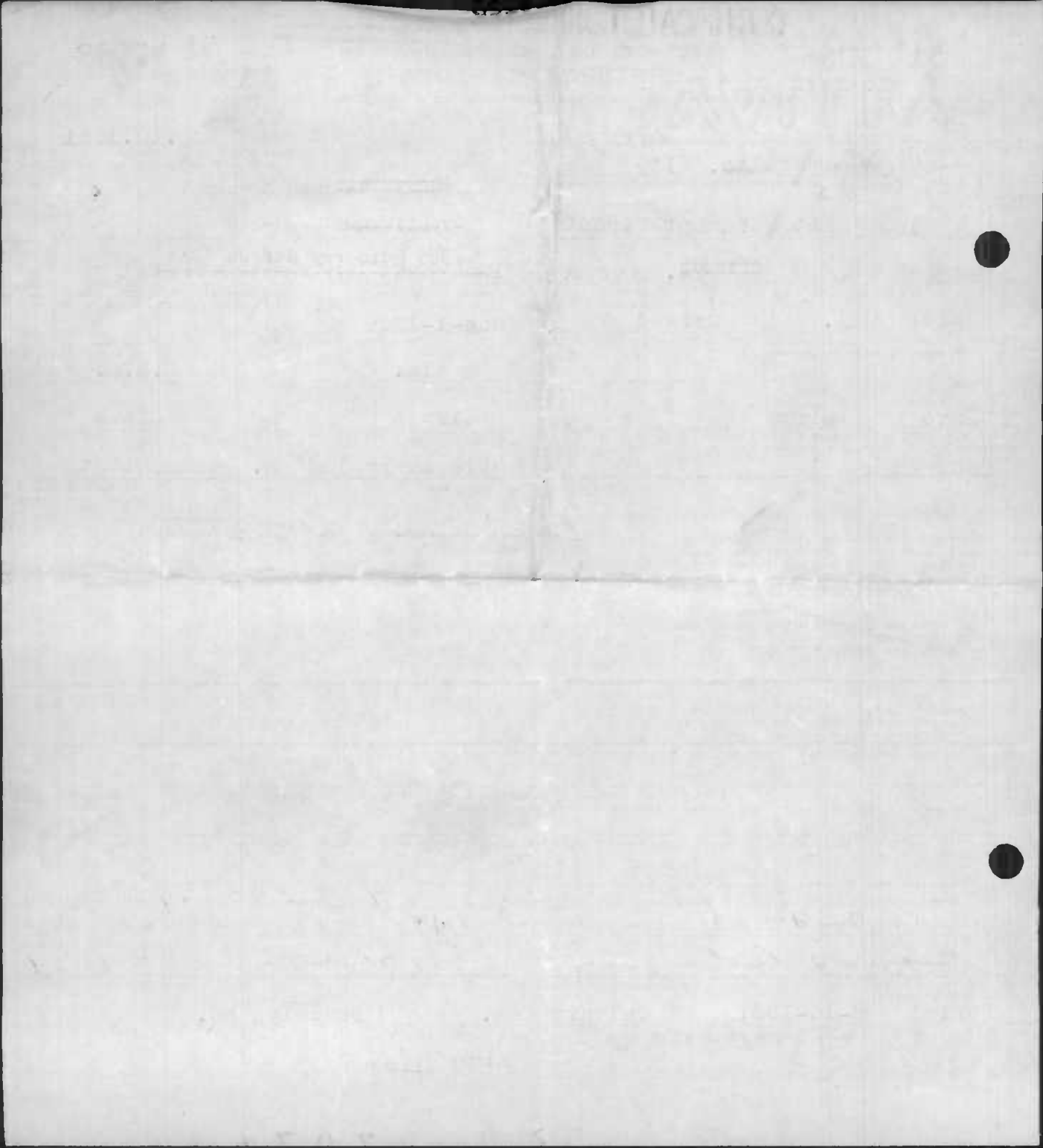
REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

Choy O. Wilson 1000 Brantly





621
ND-141895

51 7089

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7089
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Johan Oscar Kirschfeldt

2. DATE
OF
DEATH

July 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

238 S. Broadway

C. Length of stay in Baltimore

7 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Sept. 19, 1895

9. AGE (in years
last birthday)

55

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

?

14. MOTHER'S MAIDEN NAME

?

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18. 002X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary tuberculosis

DUE TO

8 Yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-23, 1950, to 7-30, 1951, that I last saw the
deceased alive on 7-30, 1951, and that death occurred at 8 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Popen M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

8-13-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

408-14-1951

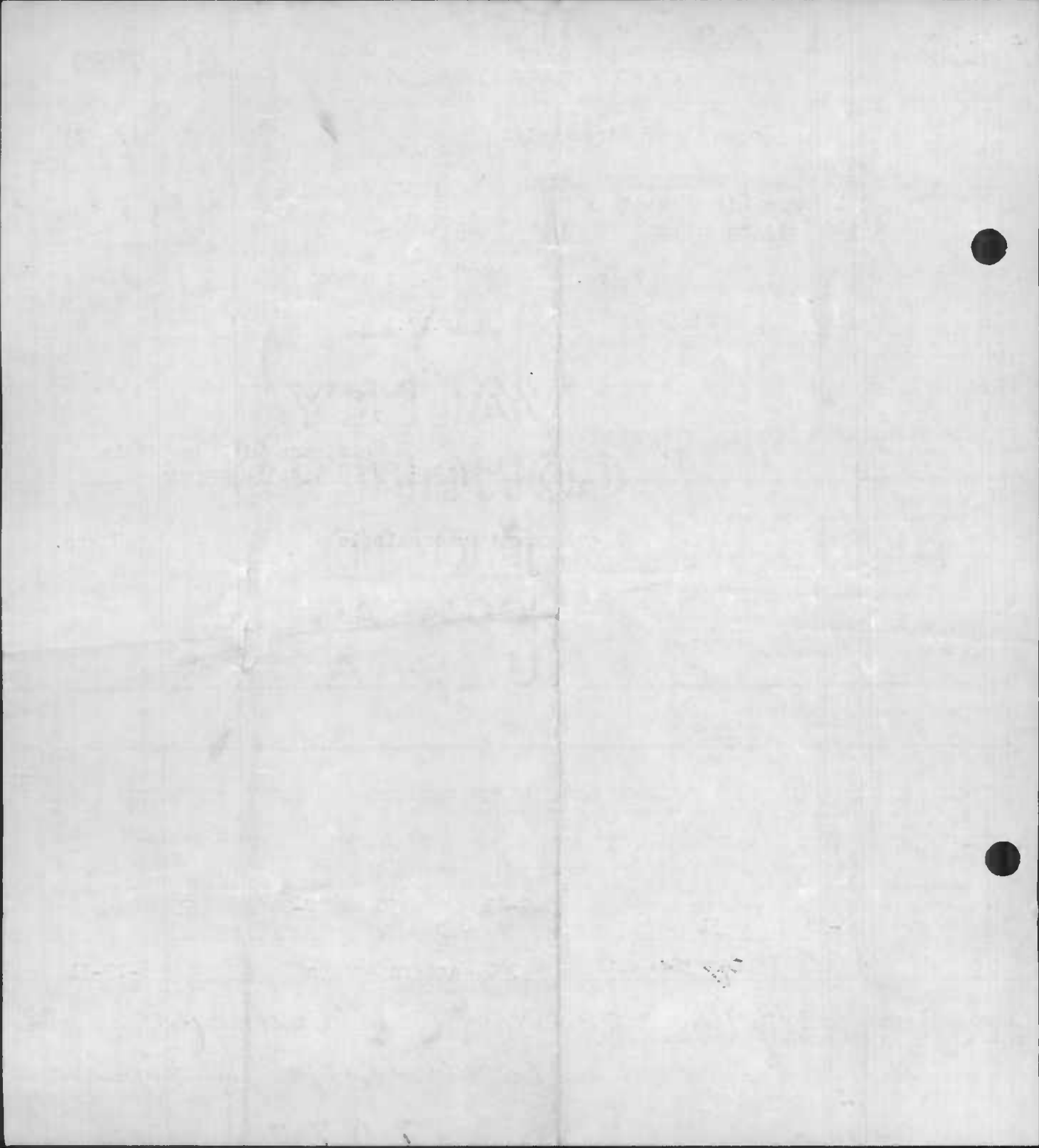
Aug 14, 1951

London Park

Sudbrook Ind.

Weidell J. Huppel

3125 Highland Ave



5-521
51 7090BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7090
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

S. Benjamin Ginsberg

2. DATE
OF
DEATH

8-13-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Doctors Hospital

C. Length of stay in Baltimore

53

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

divorced

8. DATE OF BIRTH

Nov 23 1897

9. AGE (In years
last birthday)

53

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S. 9.

13. FATHER'S NAME

Simon

14. MOTHER'S MAIDEN NAME

Fannie Ginsberg

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

sister Ida Ginsberg

1B. 760X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

CAUSE OF DEATH

Cardiac dilatation

variables

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/1 840¹⁹⁵¹ to 8/13 1951, that I last saw the
deceased alive on 8/13 1951, and that death occurred at 8⁴⁰ p.m. from the causes and on the date stated above.

23. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

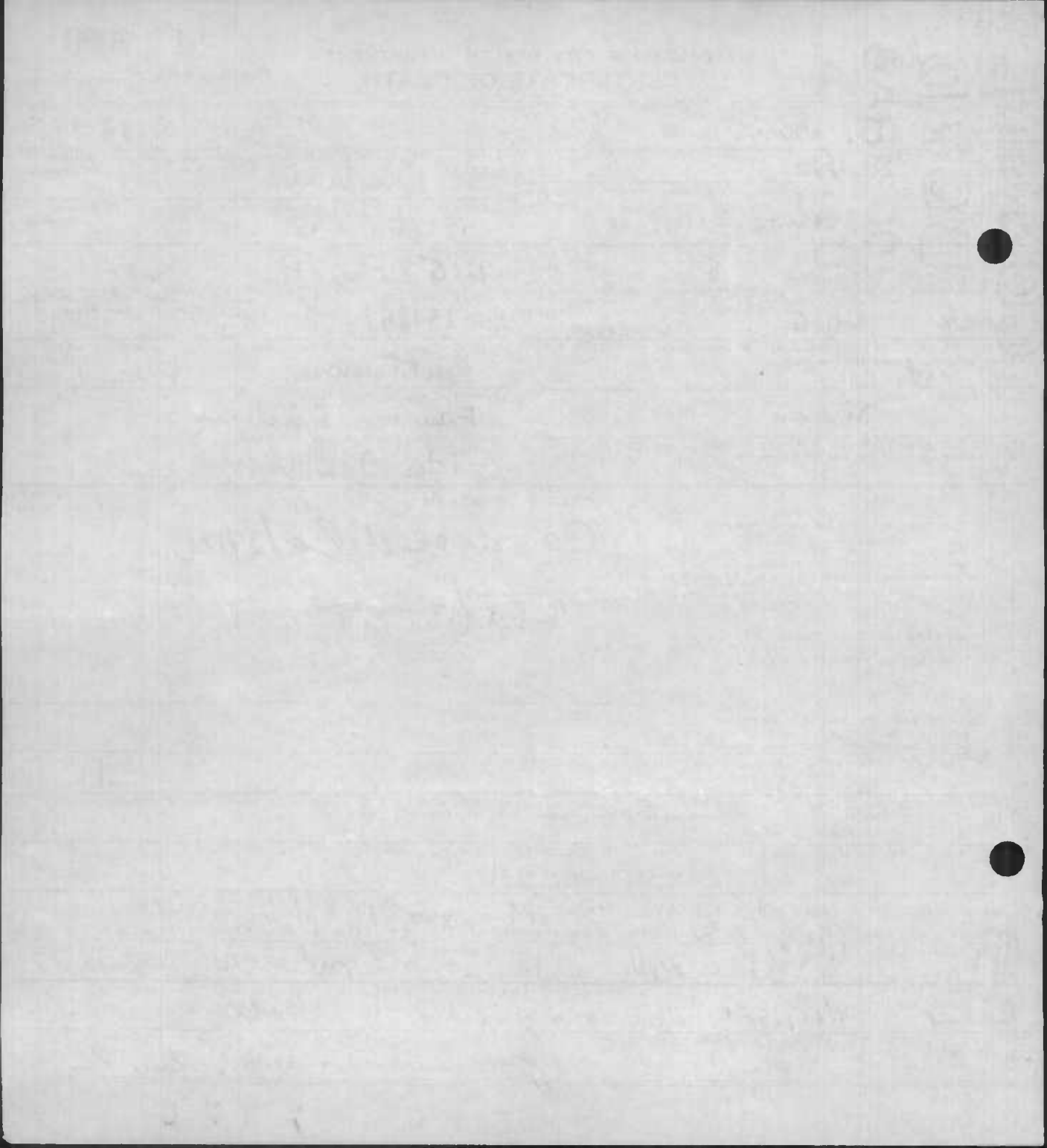
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

1951000707061



1240
51 7091

51 7091

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Lillie Kephart Michael

2. DATE
OF
DEATH

August 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3436 University Place

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3436 University Place

12-02

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

Yrs.
Mos.
Days

8. DATE OF BIRTH

April 12, 1893

9. AGE (In years
last birthday)

98

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John A. Morehead

14. MOTHER'S MAIDEN NAME

Margaret A. Curtis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

None

16. SOCIAL
SECURITY NO.
None

17. INFORMANT

ADDRESS

Mr. Harry C. Michael-3436 University Pl.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Myocardial insufficiency

1 month

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Arteriosclerosis

?

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 1930, to Aug. 13, 1951, that I last saw the
deceased alive on Aug. 13, 1951, and that death occurred at 6 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Oduard Novak M.D.

23B. ADDRESS

101 W. Read St.

23C. DATE SIGNED

Aug. 14-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Aug. 16, 1951

Loudon Park

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

The J. Schaefer Sons - North & Lanes Ave

VS 150

195102023 Baltimore, Md

NEW YORK

CHANDLER

SEP 10 1904

AD 1904

NEW YORK

CHANDLER

SEP 10 1904

AD 1904

N-200

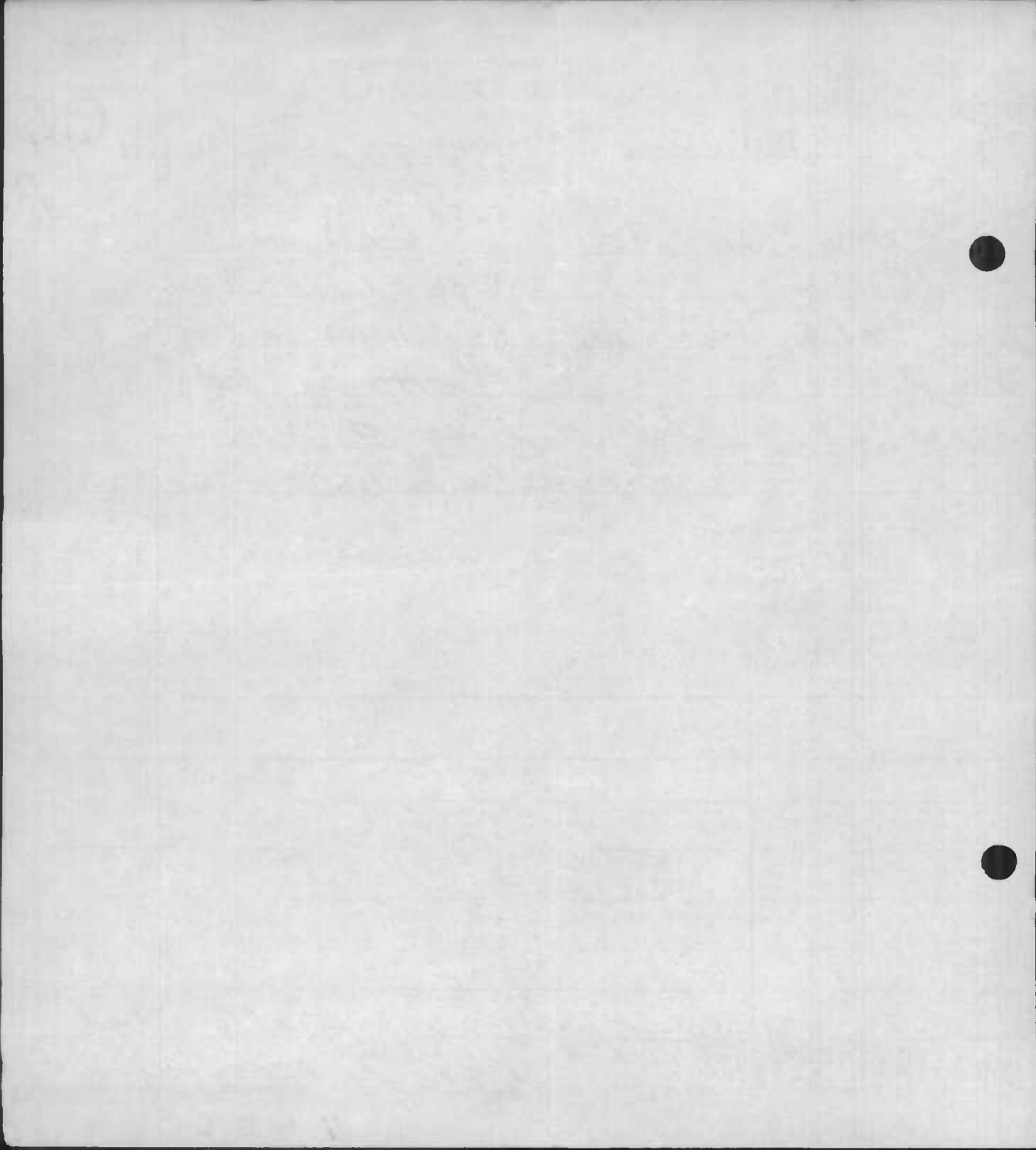
51 7092

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7092

Registered No. _____

BIRTH NO. _____			
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
malcolm Heeks		Aug. 11-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
1306 Elrino Way		Baltimore	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
Yrs. Mos. Days		1306 Elrino Way 26-36	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
male	white	married	Aug 21-1903
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday)
clerk			48
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country)	
Henry H. Heeks		Baltimore Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	12. CITIZEN OF WHAT COUNTRY?
		317-05-1432	
17. INFORMANT		ADDRESS	
Mrs. Grace Heeks		1306 Elrino Way	
18. 180X		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		Interval BETWEEN ONSET AND DEATH	
Pneumonia with metastasis			
DUE TO			
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO	
		(C) DUE TO	
II			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-10, 1951, to 8-11, 1951, that I last saw the deceased alive on 8-11, 1951, and that death occurred at 11:00 p. m., from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
Eugene F. Navy		7001 Huntington Rd.	
M. D.		23C. DATE SIGNED	
		8-13-51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Burial		8-14-51	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Hoodlawn		Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR	
AUG 14 1951		L. J. Ruck	
REGISTRAR'S SIGNATURE		ADDRESS	
		5305 Hayford Rd.	



1. NAME OF DECEASED
(Type or Print)

RAYMOND Edmund BITTNER -Bitner

2. DATE OF DEATH

August 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION

St. Joseph's Hospital

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

7. STREET ADDRESS (If rural, give location)

740 N. Patterson Park Avenue

8. LENGTH OF STAY IN BALTIMORE

Yrs. Mos. Days

9. AGE (In years last birthday)

1 1/2 yrs.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

child

11. BIRTHPLACE (State or foreign country)

BALTIMORE Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

EWALD BITNER

14. MOTHER'S MAIDEN NAME

ANNA HEIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

MRS. ANNA BITNER

ADDRESS

740 N. PAT PK.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Multiple abrasions, lacerations, & contusions

— DUE TO

ANTECEDENT CAUSES

(B) Fracture of skull

DUE TO

(C)

19. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Road

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Belair & Joppa Roads

5300

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

August 12, 1951 9:00P.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?

Auto struck parked truck

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

Stanley S. Oursler M.D.

23b. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23c. DATE SIGNED

August 13, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

8-16-51

24c. NAME OF CEMETERY OR CREMATORY

Moreland Mem Park

24d. LOCATION (City, town, or county) (State)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

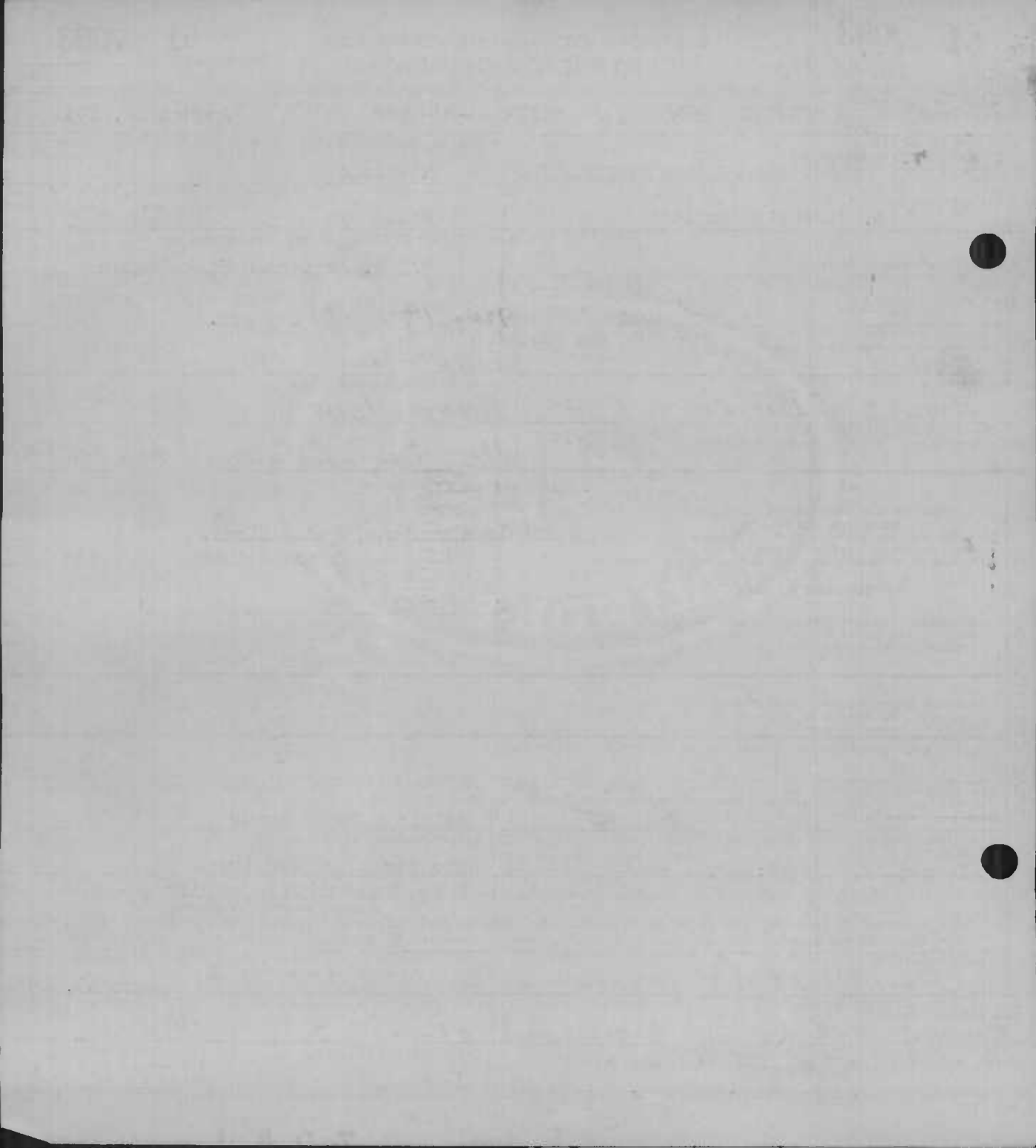
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

L. J. Ruck

ADDRESS

5305 Hartford Rd



13-356
51 7094

51 7094

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) EWALD BITNER - Bitner		2. DATE OF DEATH August 12, 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland	
b. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-13	
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 740 N. Patterson Park Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 11-1923
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Amer. Sugar Refinery		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months Days Hours Min. 28
13. FATHER'S NAME MARTIN BITNER		11. BIRTHPLACE (State or foreign country) Lithuania	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? Ursula Uidra	
16. SOCIAL SECURITY NO. 814-30-4605		17. INFORMANT ADDRESS Mrs ANNA Wein Bitner - 740 N. PATT PK.	

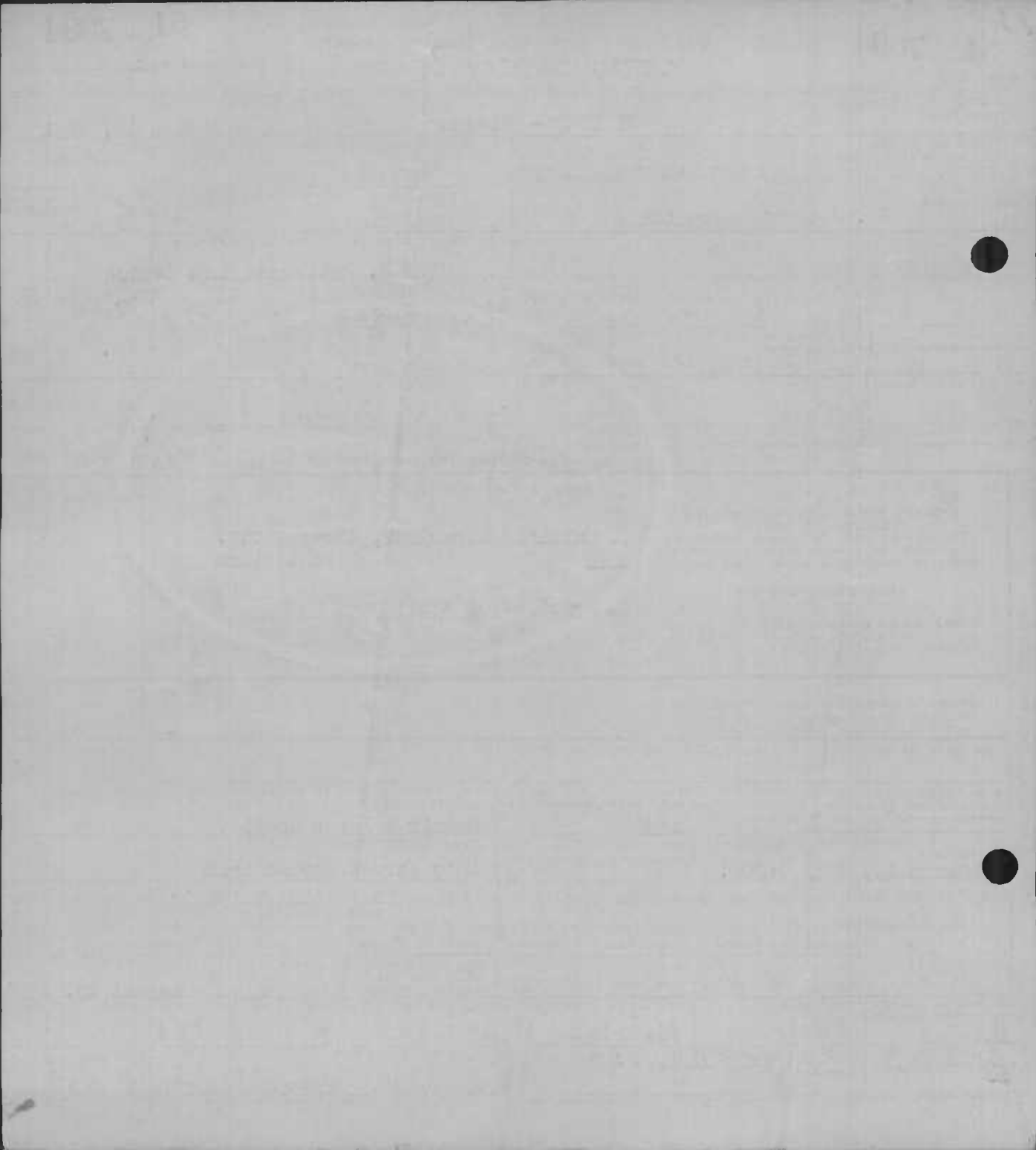
18. E8161 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Multiple abrasions, lacerations, & contusions (A) DUE TO	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Fracture of skull (B) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. Road	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Road	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Belair & Joppa Roads	21D. TIME (Month) (Day) (Year) (Hour) August 12, 1951 9:00P. m.	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Auto struck parked truck		

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE Stanley K. Dineen	23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR	23C. DATE SIGNFD August 13, 1951
-------------------------------------	--	-------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8-16-51	24C. NAME OF CEMETERY OR CREMATORY Moreland Men Park	24D. LOCATION (City, town, or county) (State) Balto Md
DATE RECEIVED BY LOCAL REGISTRAR AUG 16 1951		25. FUNERAL DIRECTOR ADDRESS L.J. Ruck 5305 Hartford Rd.	



512
51 7095BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7095
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Heinbuch

2. DATE
OF
DEATH

Aug 13, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland Baltimore

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONMercy Hospital Inc
wife

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

a. STATE

b. COUNTY

Maryland

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 1-02

d. STREET ADDRESS (If rural, give location)

130 Rochester Place

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

7-12-1868

9. AGE (in years last birthday)

83

10. Under 1 Year
Months: Days: Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Heinbuch

14. MOTHER'S MAIDEN NAME

Elizabeth ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

218-09-9574

17. INFORMANT

ADDRESS Place

Mrs. Frank Kirkham 130 Rochester

18. 570.5 I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Congestive Heart Failure

INTERVAL BETWEEN ONSET AND DEATH

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Ventricular Fibrillation 11 days

(C) DUE TO

Intestinal Obstruction 11 days

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

Aug 11, 1951

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 2, 1951 to Aug 13, 1951 that I last saw the deceased alive on Aug 11, 1951 and that death occurred at 7:15 PM, from the causes and on the date stated above.

23a. SIGNATURE

Edward M. Riple

M. D.

23b. ADDRESS

Mercy Hospital

23c. DATE SIGNED

Aug 17, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

8-16-1951

24c. NAME OF CEMETERY OR CREMATORY

St. Paul 5th. Reform

24d. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY

AUG 14 1951

REGISTERED

25. FUNERAL DIRECTOR

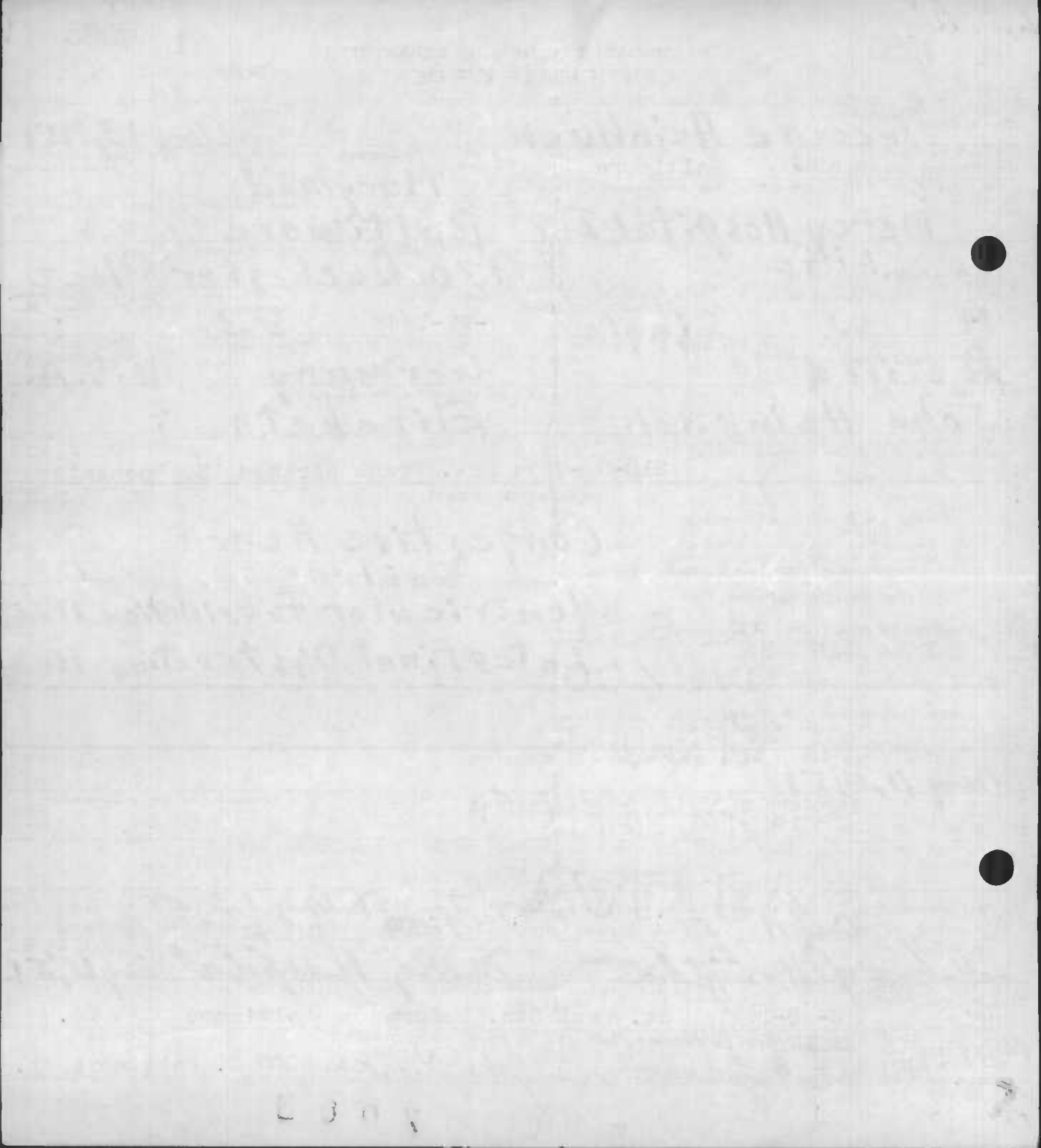
ADDRESS

John Q. Moran 3000 E. Baltimore St.

VS 150

510007083

12262



S-140
51 7096

51 7096

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

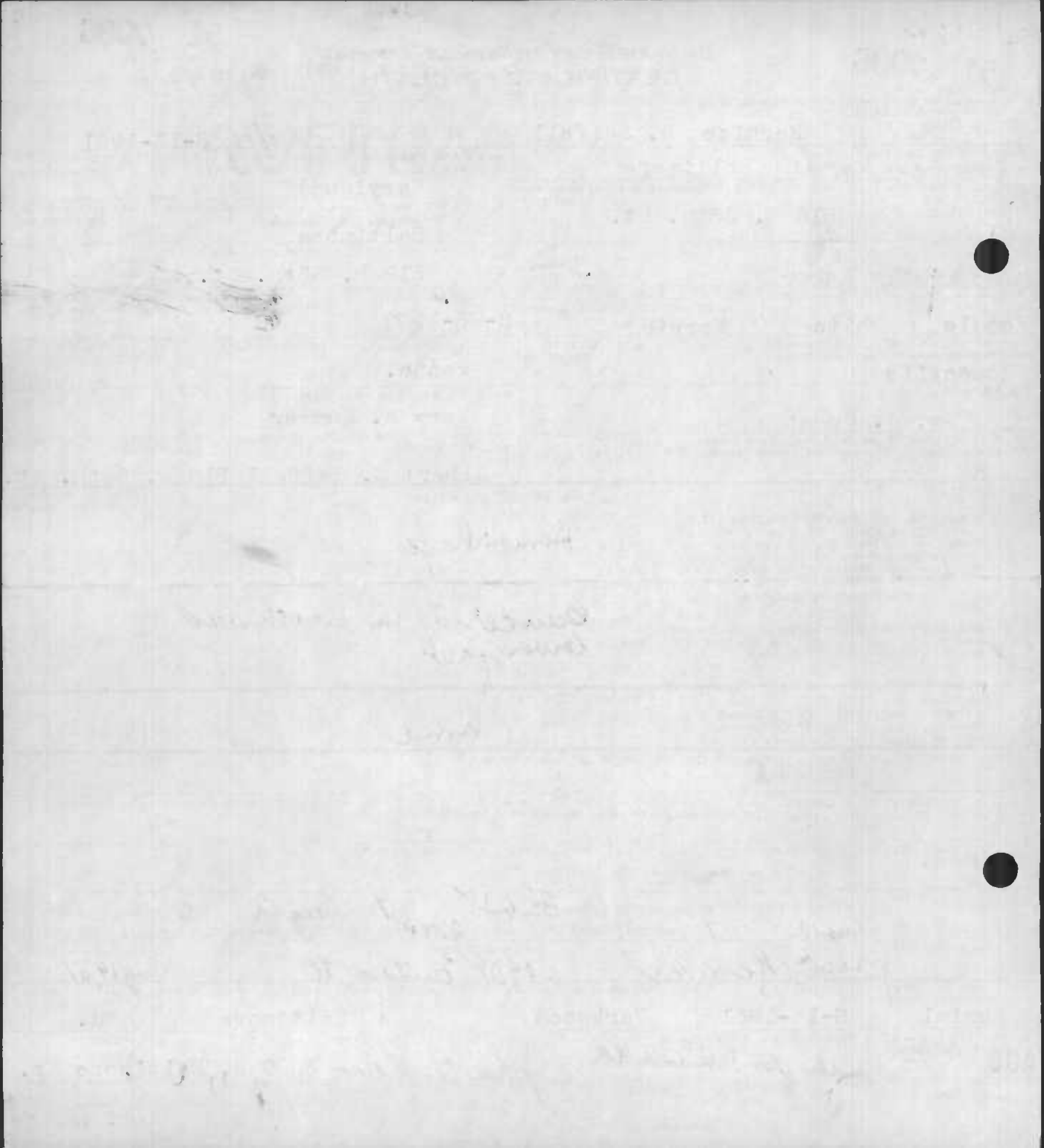
Registered No. _____

1. NAME OF DECEASED (Type or Print) Bernice G. Saffell			2. DATE OF DEATH 8-13-1951		
3. PLACE OF DEATH: a. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Maryland b. COUNTY _____		
b. FULL NAME OF HOSPITAL OR INSTITUTION 518 E. 35th. St.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			d. STREET ADDRESS (If rural, give location) 518 E. 35th. St.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-26-1902		9. AGE (in years last birthday) 48
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Penna.
13. FATHER'S NAME Wm. J. Guest			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) *			16. SOCIAL SECURITY NO.		
17. INFORMANT Albert C. Saffell			ADDRESS 518 E. 35th. St.		

18. 144X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hemorrhage		CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) Cancer of the mouth and lower jaw DUE TO		
(C) None		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in nr about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 28 , 19 51 , to Aug 12 , 19 51 , that I last saw the deceased alive on Aug 12 , 19 51 , and that death occurred at 2:00 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE Joseph J. Keweler		23b. ADDRESS 1908 Easton St.		23c. DATE SIGNED Aug 14 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-16-1951		24c. NAME OF CEMETERY OR CREMATORY Parkwood	
24d. LOCATION (City, town, or county) Baltimore		24e. (State) Md.			
DATE RECEIVED BY LOCAL REGISTRAR AUG 14 1951		REGISTRAR'S SIGNATURE William H. Williams		25. FUNERAL DIRECTOR John A. Moran	
				ADDRESS 3000 E. Baltimore St.	

510307 45D



51 7097

51 7097

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John T. Gilden

2. DATE
OF
DEATH

Aug 13 - 51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

208 N. Ellwood Ave

4. USUAL RESIDENCE (Where deceased lived, in institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Balto. 6-01

D. STREET ADDRESS (If rural, give location)

208 N. Ellwood Ave

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 16 1882

9. AGE (In years
last birthday)

68

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Special Policeman

10B. KIND OF BUSINESS OR
INDUSTRY

Retired - Balto Copper Works

11. BIRTHPLACE (State or foreign country)

Balto.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Weigbert

Gilden

14. MOTHER'S MAIDEN NAME

Barbara Deinlein

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Anna M. Gilden 208 N. Ellwood Ave

18. 47201 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Hypertensive - Cardio - vascular
disease.

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 2, 1947 to Aug 13, 1951, that I last saw the
deceased alive on Aug 13, 1951, and that death occurred at 3:15 pm, from the causes and on the date stated above.

23A. SIGNATURE

Edward G. Haugan Jr.
M.D.

23B. ADDRESS

3501 Fair Ave Balto 24

23C. DATE SIGNED

8-13-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

AUG 17 1951

24C. NAME OF CEMETERY OR CREMATORY

SACRED HEART CH

24D. LOCATION (City, town, or county)

GERMAN HILL RD MD

DATE RECEIVED BY
LOCAL REGISTRAR

AUG 14 1951

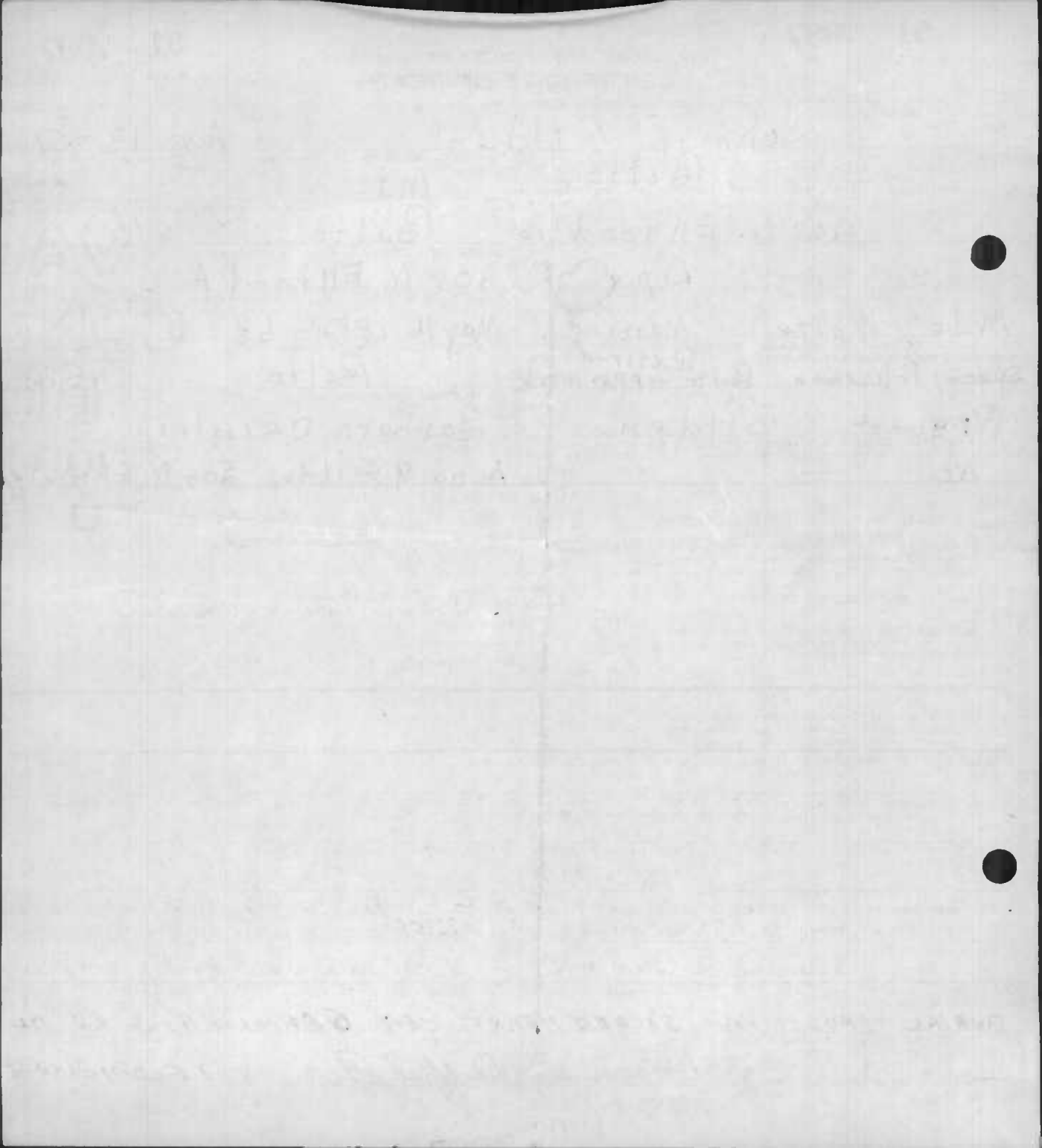
REGISTRAR'S SIGNATURE

Lutington Williams Jr.

25. FUNERAL DIRECTOR

ADDRESS

Duffel Bld 1800 ELOMBARD ST



412 51 7098

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7098

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Felicina DellaVecchia

2. DATE
OF
DEATH

Aug 12-51

3. PLACE OF DEATH:

a. Baltimore City, Maryland

Balto.

4. USUAL RESIDENCE (Where deceased lived, institution: residence
a. STATE b. COUNTY before admission)

Md.

b. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1014 Eastern Ave

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto. 3-02

c. Length of stay in Baltimore

45 yrs.

d. STREET ADDRESS (If rural, give location)

1014 Eastern Ave

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 26 1877

9. AGE (In years
last birthday)

73

10 Under 1 Year 11 Under 24 Hours
Months: Days Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10b. KIND OF BUSINESS OR
INDUSTRY

House Work

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Carbonara

14. MOTHER'S MAIDEN NAME

Rapele

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Fannie DellaVecchia 1014 Eastern Ave

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Hypertensive Cardiovascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary Arteriosclerosis

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

Hypertension

INTERVAL BETWEEN
ONSET AND DEATH5-10-51
3 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m.

WHILE AT
WORKNOT WHILE
AT WORK22. I hereby certify that I attended the deceased from 8-10-51 to 8-12-51, that I last saw the
deceased alive on 8-11-51 and that death occurred at 11:30 A.M. from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 14 1951

Burial Aug 16-51 Holy Redeemer Belair Rd. Balto. Md.
Dippler Bros. 1800 E. Lombard St.

51 7099

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 7099

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

Archie B. Lowe

2. DATE

OF DEATH

August 13, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION*Maryland General Hospital*

c. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 25, 1891

9. AGE (In years last birthday)

60

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Truck Driver

10B. KIND OF BUSINESS OR INDUSTRY

Truck Driver

13. FATHER'S NAME

Lum Lowe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

Roxie L. Lowe

ADDRESS

Same

CAUSE OF DEATH

18. *422.2*

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Myocardial Insufficiency

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Aug. 12, 8:00 PM, 1951*, to *Aug. 13, 1951*, that I last saw the deceased alive on *Aug. 13, 1951*, and that death occurred at *4:00 A. M.*, from the causes and on the date stated above.

23A. SIGNATURE

Donald H. MacPherson

M. D.

23B. ADDRESS

Howard General Hospital Aug. 13, 1951

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

8-15-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

24D. LOCATION (City, town, or county)

Rundalltown - Balt Co -

DATE RECEIVED BY LOCAL REGISTRAR

AUG 14 1951

REGISTRAR'S SIGNATURE

Livingston Williams, M.D.

25. FUNERAL DIRECTOR

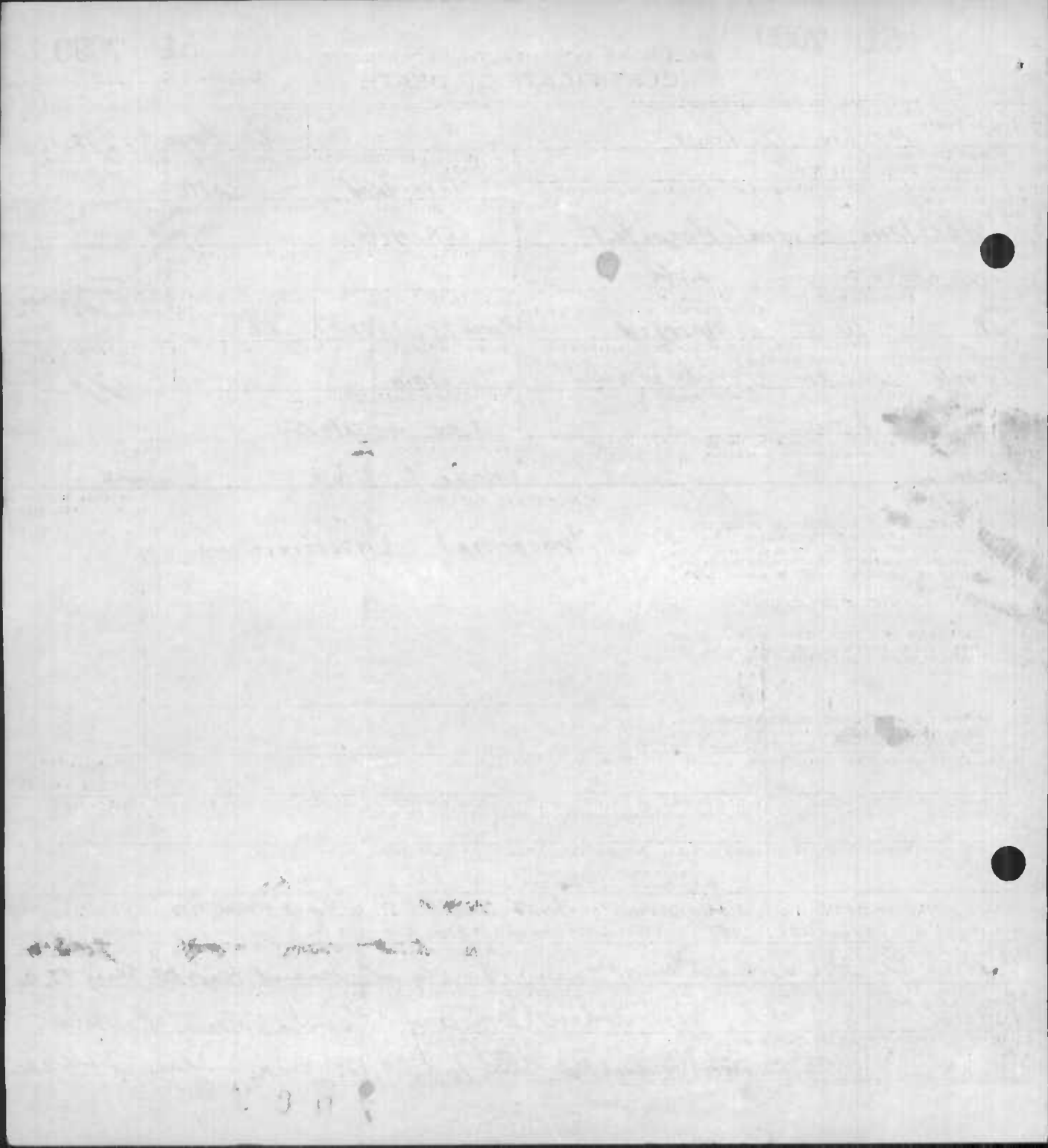
Ed. MacKarr & Son - Belvidere

ADDRESS

VS 150

568-3520 7087 are-93E

MEDICAL CERTIFICATION



51 7100

51 7100

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frederick G. Bloul

2. DATE
OF
DEATH

Aug. 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Home

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

607 Walnut Ave.

C. Length of stay in Baltimore

60 yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 1882

9. AGE (in years
last birthday)

68

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Truck Dispatcher

10B. KIND OF BUSINESS OR
INDUSTRY

Enterprise Fuel

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Frederick Bloul

14. MOTHER'S MAIDEN NAME

Louise

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

212-01-9136

17. INFORMANT

ADDRESS

Susan Bloul 607 Walnut Ave.

18.

CAUSE OF DEATH.

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

5 days

18 Mo.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from May 17, 1950 to 8/13, 1951, that I last saw the
deceased alive on 8/13, 1951, and that death occurred at 8:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8-15-51

24C. NAME OF CEMETERY OR CREMATORY

St Lukes

24D. LOCATION (City, town, county) (State)

Cumberland, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 15 1951

Huntington Williams, M.D.

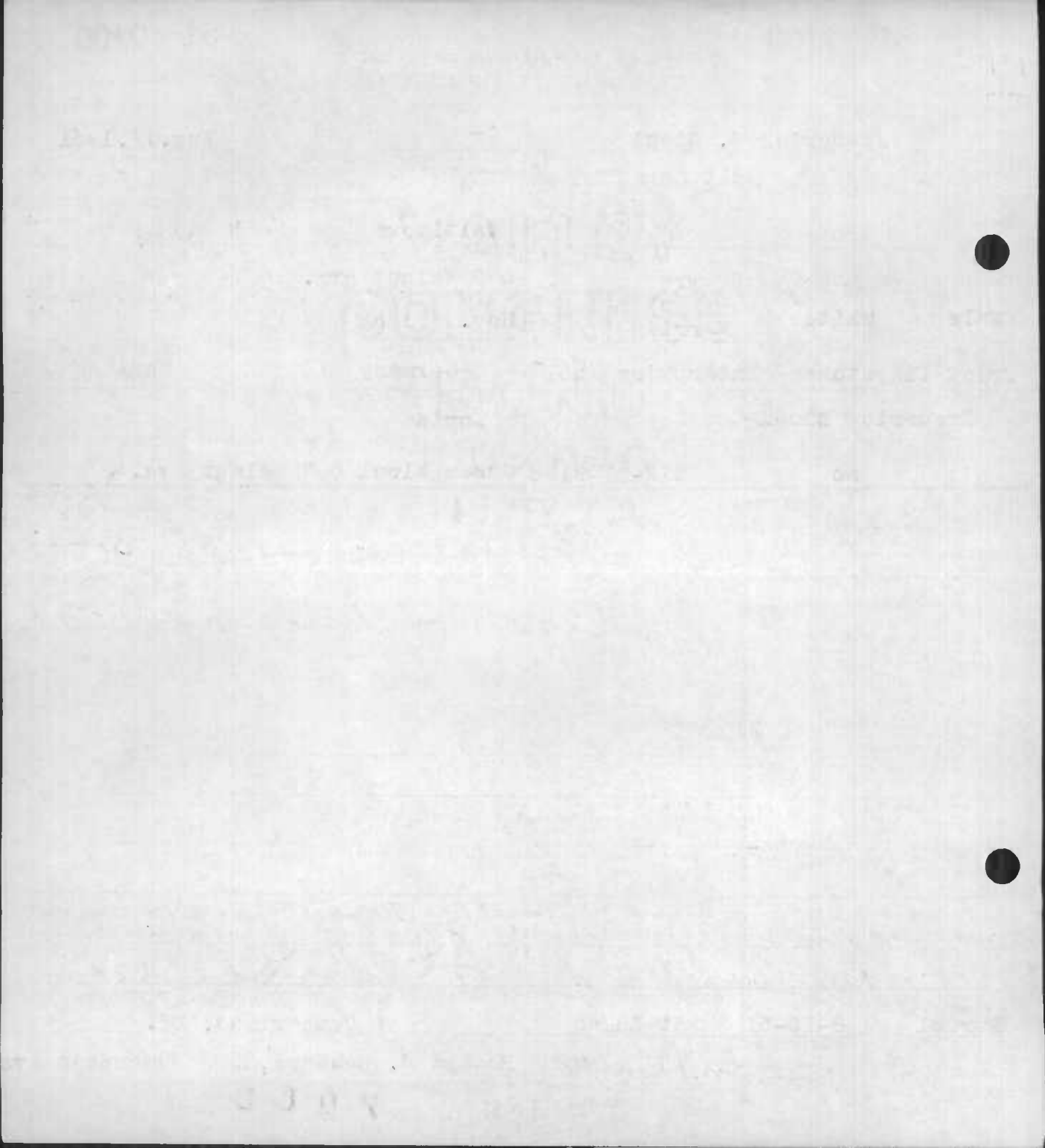
Howard H. Hubbard, 2503 Edmondson Ave

VS 150

242 67 7 0 8 8

94a

MEDICAL CERTIFICATION



300
51 7101BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7101
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH Wise SCOTT

2. DATE
OF
DEATH

August 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 6, 1889

9. AGE (In years,
last birthday)

62

If Under 1 Year
Months: DaysIf Under 24 hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Contractor

Cement

13. FATHER'S NAME

Albert

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Mary Hartman

17. INFORMANT

ADDRESS

Mary E. Dooley 3052 Arunah Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

August 14, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 15 1951

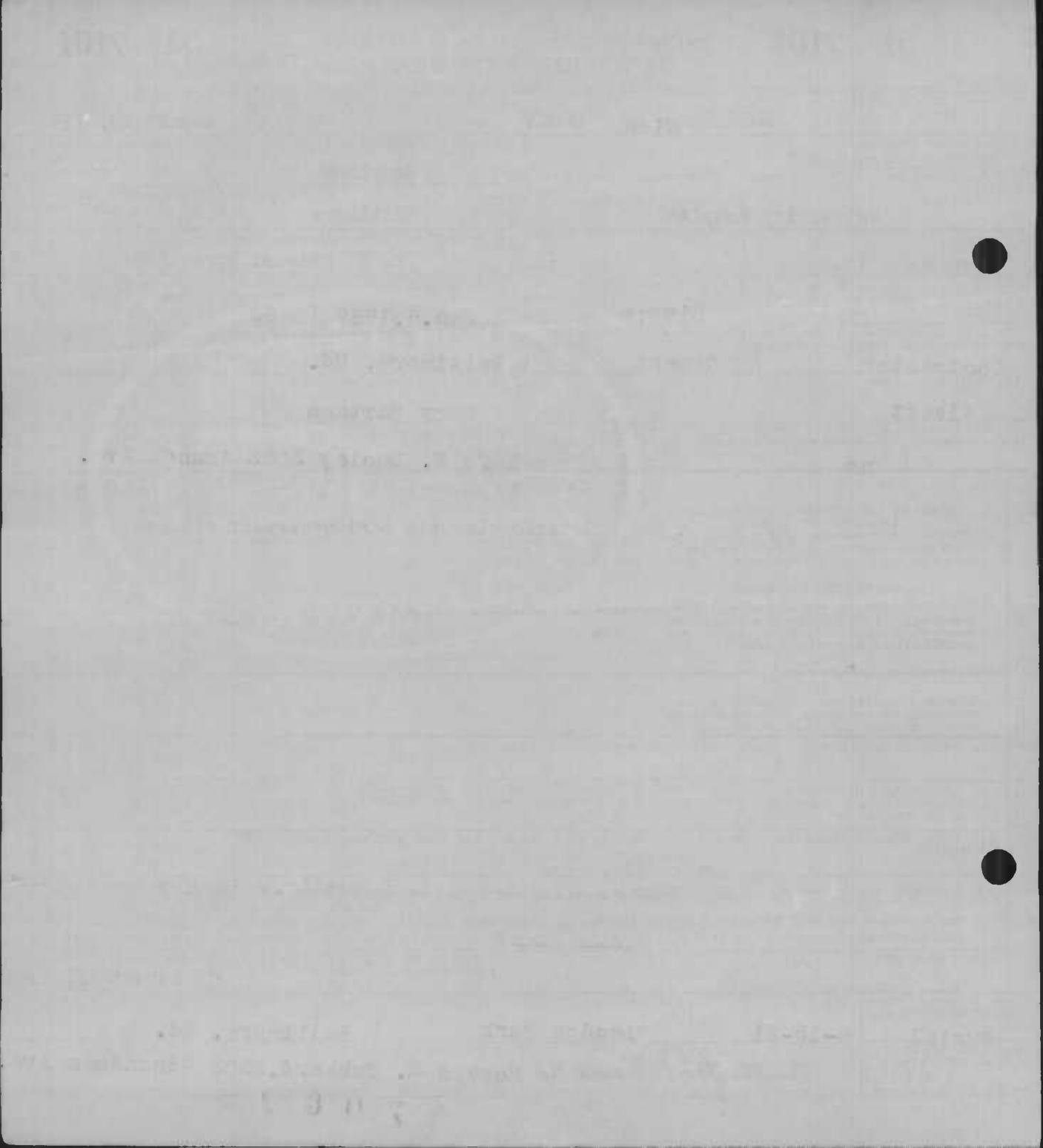
Howard H. Hubbard, 2503 Edmondson Ave.

Howard H. Hubbard, 2503 Edmondson Ave.

VS 151

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937 ✓



51 7102

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7102

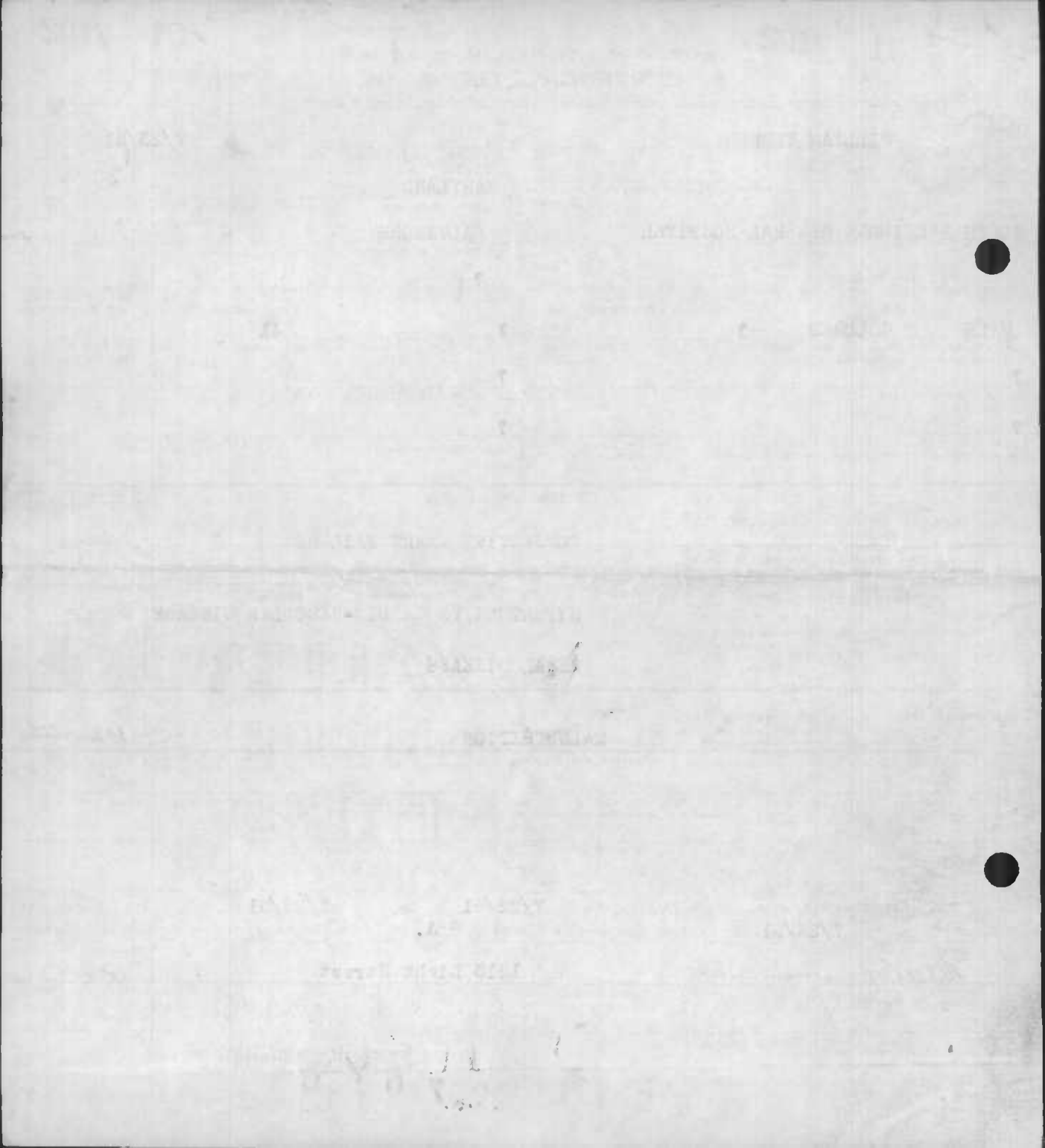
Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) WILLIAM TURNER		2. DATE OF DEATH 7/23/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION SOUTH BALTIMORE GENERAL HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 24-03			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1111 Home			
5. SEX MALE	6. COLOR OR RACE COLORED	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) ?	8. DATE OF BIRTH ?	9. AGE (in years last birthday) 41	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ?		10B. KIND OF BUSINESS OR INDUSTRY ?		11. BIRTHPLACE (State or foreign country) ?	
12. CITIZEN OF WHAT COUNTRY? ?		13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. 4478 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CONGESTIVE HEART FAILURE DUE TO (A) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. HYPERTENSIVE CARDIOVASCULAR DISEASE DUE TO (B) _____ RENAL DISEASE (C) _____	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 3 days 3 yrs 6 months
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. MALNUTRITION		

19A. DATE OF OPERATION 6	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7/22/51 , 19__, to 7/23/51 , 19__, that I last saw the deceased alive on 7/23/51 , 19__, and that death occurred at 6 A. m. , from the causes and on the date stated above.			
23A. SIGNATURE W. M. Conway M.D.	23B. ADDRESS 1213 Light Street	23C. DATE SIGNED 7/23/51	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR Commissioner of Health



51 7103

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7103
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)NORTHAM
Mrs. Rae Thompson2. DATE
OF
DEATH

Aug. 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2117 N. Dennison St.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 446 and 157 X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21G. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from Aug. 12, 1951, to Aug. 14, 1951, that I last saw the deceased alive on Aug. 13, 1951, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

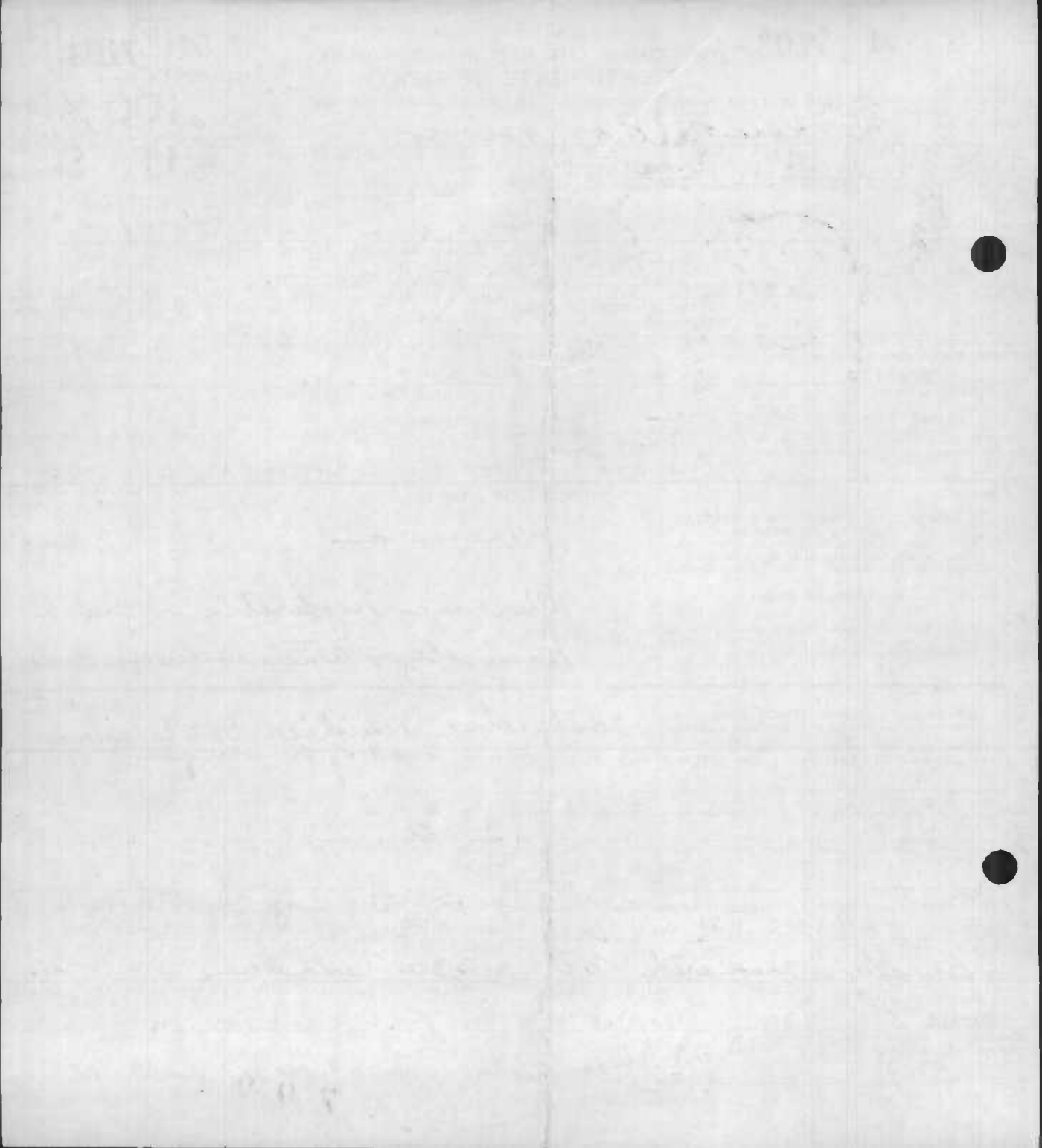
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



51 7104

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 7104

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA RITTENHOUSE LAMBLE

2. DATE
OF
DEATH

Aug. 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 803 W. University Pkwy

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

803 W. University Pkwy

B. FULL NAME OF
HOSPITAL OR
INSTITUTIONYrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 30, 1878

9. AGE (In years
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Nicholas M. Rittenhouse

14. MOTHER'S MAIDEN NAME

Emma G. Amensetter

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mr. Wm. E. Lamble 803 W. University Pkwy

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Myocarditis

2 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Coronary Artery Sclerosis

?

DUE TO

(C)

Arteriosclerosis generalized

?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

8 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 1944, to August 14, 1951, that I last saw the
deceased alive on Aug 13, 1951, and that death occurred at 4 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Francis W. Gluck

23B. ADDRESS

3406 St Paul St

23C. DATE SIGNED

8/14/51

M. O.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Aug. 16 1951

Loudon Pk. Cem.

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

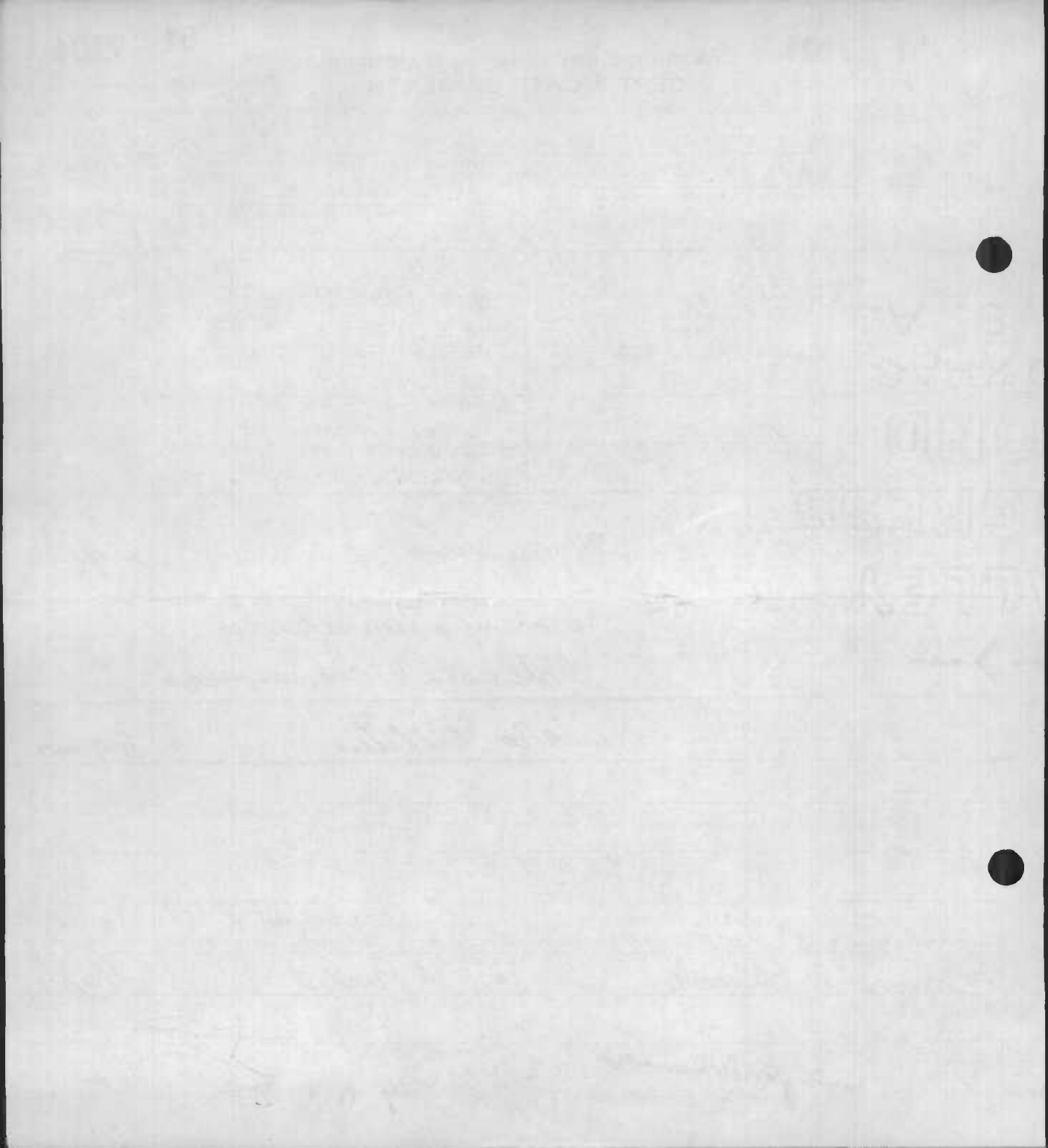
UG 151951

Wm. J. Tucker, Long Ave, Balto. Md.

VS 150

61

MEDICAL CERTIFICATION



7105

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51

7105
96567

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NUGENT, Arthur Vincent

2. DATE
OF
DEATH

Aug. 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived, or institution; residence
before admission)A. STATE
Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

12-06

D. STREET ADDRESS (If rural, give location)

2510 N. Charles St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (In years,
last birthday)

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

Yes

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Store Room Keeper in F. S. Hospital

13. FATHER'S NAME

John J. Nugent

14. MOTHER'S MAIDEN NAME

Emma Hartigan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, No or unknown)

(If Yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Alice C. Nugent 2510 N. Charles St.

18. 331X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

8-8-51-8-12-51

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE, (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Genes. Arteriosclerosis and HCTD.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-8-51, to 8-12, 1951, that I last saw the
deceased alive on 8-12, 1951, and that death occurred at 6:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

Franklin Square Hospital

8-12-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8/16/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 15 1951

Wm. H. Williams, Jr.

H. W. Meeker and Son 505 N. Calvert St.

VS 150

398 87 709

937

MEDICAL CERTIFICATION

540 51 7106

51 7106

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____	
1. NAME OF DECEASED (Type or Print) <u>Nancy M O'Neil</u>	
2. DATE OF DEATH <u>Aug 12/57</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>401 N Kenwood</u>	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD</u> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION _____	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto</u> <u>6-01</u>	
D. STREET ADDRESS (If rural, give location) <u>401 N Kenwood Ave</u>	
C. Length of stay in Baltimore <u>life</u> Yrs. _____ Mos. _____ Days _____	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>Jan 23 1861</u>
9. AGE (in years last birthday) <u>91</u>	10. KIND OF BUSINESS OR INDUSTRY <u>at home</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) <u>Balto</u>
12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME <u>Philip Barones</u>
14. MOTHER'S MAIDEN NAME <u>Dora K...</u>	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____
16. SOCIAL SECURITY NO. _____	17. INFORMANT <u>Mrs Charles E. Yeager</u> ADDRESS <u>401 N Kenwood</u>
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <u>Uremia</u> DUE TO (B) <u>Arteriosclerotic C. V. R. D</u> DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION <u>0</u>	19B. MAJOR FINDINGS OF OPERATION _____
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21F. HOW DID INJURY OCCUR? _____	22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>58</u> , to <u>Aug.</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Aug. 11</u> , 19 <u>51</u> , and that death occurred at <u>8:15 AM</u> , from the causes and on the date stated above.
23A. SIGNATURE <u>Helen Hogan</u>	23B. ADDRESS <u>4213 Wash Rd.</u>
23C. DATE SIGNED <u>8/15/51</u>	24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>
24B. DATE <u>Aug 15/57</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cem</u>
24D. LOCATION (City, town, or county) <u>Balto</u>	25. FUNERAL DIRECTOR <u>Willie L. Lined Horn</u> ADDRESS <u>200 V Ave</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>AUG 15 1951</u>	
REGISTRAR'S SIGNATURE <u>Thurston Robinson, Jr</u>	

MEDICAL CERTIFICATION

1951000709 131a

Handwritten text, likely a letter or document, written in cursive script. The text is mirrored across the page, suggesting it was written on lined paper and then scanned or photographed. The handwriting is somewhat faded and difficult to decipher. The page is divided into two sections by a horizontal line. The top section contains several lines of text, and the bottom section contains a few more lines. The overall appearance is that of an old, handwritten document.

635 '51 7107

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7107

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANKLIN DUNCAN MARTIN

2. DATE
OF

DEATH August 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3725 Rexmere Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

9-03

D. STREET ADDRESS (If rural, give location)

3725 Rexmere Road

C. Length of stay in Baltimore

25yrs

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 13, 1900

9. AGE (In years
last birthday)

51

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Engineer

10B. KIND OF BUSINESS OR
INDUSTRY

Western Electric

11. BIRTHPLACE (State or foreign country)

Company

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Franklin Haines Martin

14. MOTHER'S MAIDEN NAME

Alice Mason

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

WWI

16. SOCIAL
SECURITY NO.

215-03-9551

17. INFORMANT 3725 Rexmere Road

Mrs. Dorothy Mauler Martin

18. 470.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A)

CORONARY THROMBOSIS

DUE TO

CORONARY HEART DISEASE

(B)

VALVULAR HEART DISEASE

DUE TO

AORTIC STENOSIS.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 to 13 August, 1951, that I last saw the
deceased alive on 13 Aug, 1951, and that death occurred at 5:10 a. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

512 Cathedral St

23C. DATE SIGNED

14 Aug 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

8/15/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC. ADDRESS

BALTO., 13, MD.

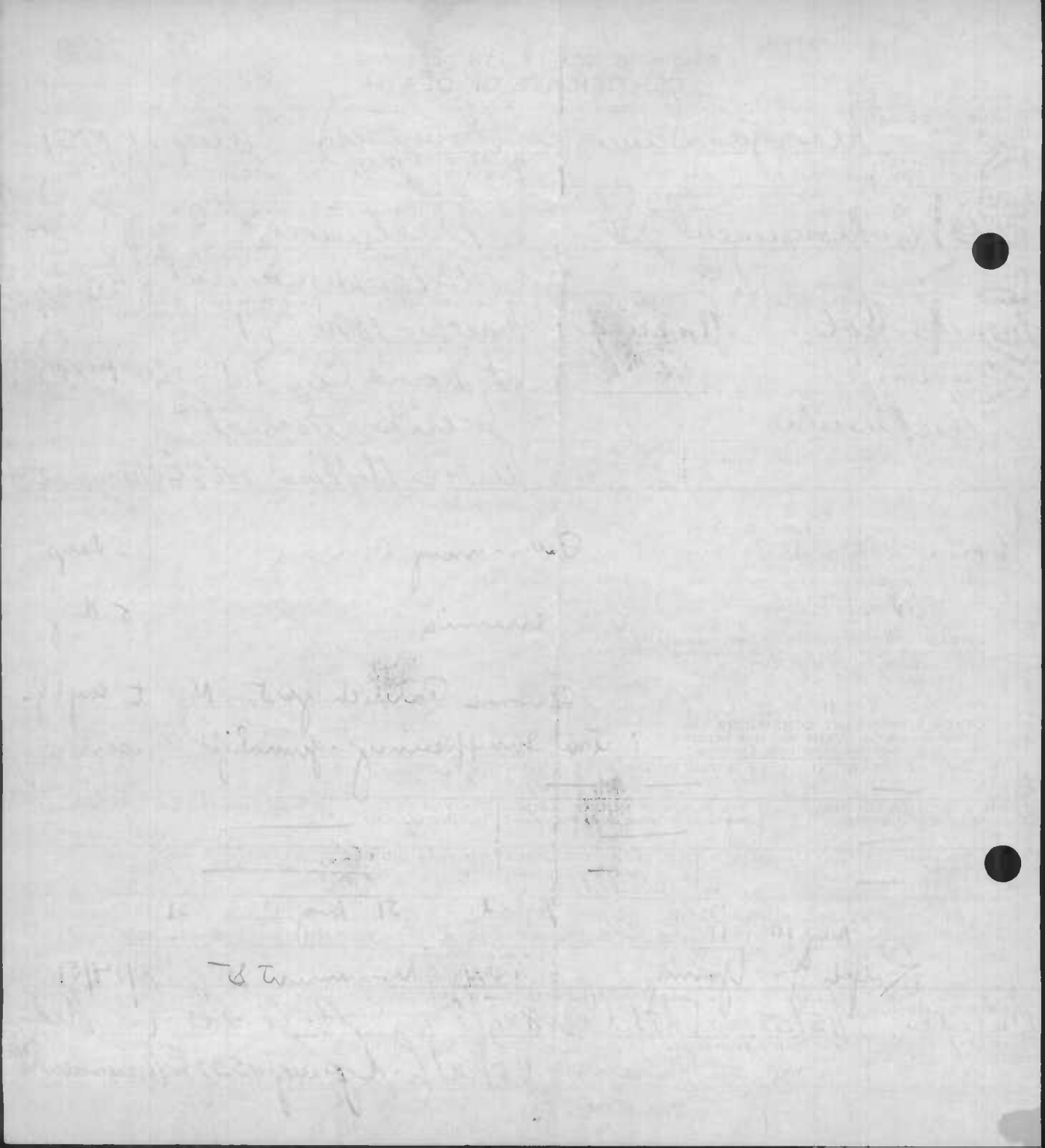
4583317

92a



562
51 7108BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7108
Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) <i>Maggie Summers (Summers)</i>		2. DATE OF DEATH <i>Aug. 11, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Ind.</i> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1437 E. Monument St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 5-91</i>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1437 E. Monument St.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>March - 1874</i>	9. AGE (In years last birthday) <i>77</i>	10. Under 1 Year Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>St. Mary's Co. Ind.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Maria Lockert</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mabel Hopkins</i>	
18. <i>592X</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) <i>Bleeding Oedema</i>		<i>2 days</i>	
ANTECEDENT CAUSES		(B) <i>Uremia</i>		<i>5 days</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) <i>Chronic Parenchymatous Nephritis Complicated by</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>Renal Insufficiency, generalized anasarca</i>			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>April</i> , 1951, to <i>Aug 11</i> , 1951, that I last saw the deceased alive on <i>Aug 10</i> , 1951, and that death occurred at <i>2:20 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Ralph G. Young</i>		23B. ADDRESS <i>1424 E. Monument St.</i>		23C. DATE SIGNED <i>8/14/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>8/15/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary</i>	
24D. LOCATION (City, town, or county) (State) <i>A. G. Co. Ind.</i>		24E. FUNERAL DIRECTOR <i>Robert H. Young</i>		24F. ADDRESS <i>1532 E. Monument St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 15 1951</i>		REGISTRAR'S SIGNATURE <i>William H. Williams</i>		FUNERAL DIRECTOR'S SIGNATURE <i>Robert H. Young</i>	



375 51 7109

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7109
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JENNIE FERRAGAMO GUADAGNINO

2. DATE
OF
DEATH

AUGUST 14, 1951.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

Maryland.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore.

21-01

D. STREET ADDRESS (If rural, give location)

748 Washington Blvd. #30.

C. Length of stay in Baltimore

2 Yrs.

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W.

8. DATE OF BIRTH

November 22 1876 74

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days

8 23

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Italy.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Michael Galicchio

14. MOTHER'S MAIDEN NAME

Angela Parisi

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Samuel FERRAGAMO 748 Washington Blvd.

18. 602x I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Acute Stenosis*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Congestive Failure*
DUE TO(C) *Renal Lethargy (Left)*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☒

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/10, 1951, to 8/14, 1951, that I last saw the deceased alive on 8/14, 1951, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Aug. 18 1951 Calvary Cemetery

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Flatbush (Long Island N.Y.)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 15 1951

Huntington Williams

James Della Noce 322 S. High St.

VS 150

19510807097

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MEDICAL CERTIFICATION

1975

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63
51 7110BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7110

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Frances Flayhart

2. DATE
OF
DEATH

August 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1706 Rutland Ave

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

1706 Rutland Ave Balto Md

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

8-06

C. Length of stay in Baltimore

77 years

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1706 Rutland Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 19, 1874

9. AGE (In years,
last birthday)

77

10. Under 1 Year
Months: Days

3

11. Under 24 Hours
Hours: Min.12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

13. FATHER'S NAME

Louis Fried

Germany

14. MOTHER'S MAIDEN NAME

Paulina Fried

Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mr. Arthur C Flayhart

ADDRESS

1706 Rutland Ave

18. 334X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Broncho-pneumonia

DUE TO

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

cerebral arteriosclerosis

DUE TO

2 years

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 24, 1951, to Aug 13, 1951, that I last saw the deceased alive on Aug. 13, 1951, and that death occurred at 7:45 P. m., from the causes and on the date stated above.

23A. SIGNATURE

R Donald Jandary

M. D.

23B. ADDRESS

4077 Hayford Rd.

23C. DATE SIGNED

8-15-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Aug

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel Cemetery

24D. LOCATION (City, town, or county) (State)

O'Donnell Street Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Tunstington Williams

25. FUNERAL DIRECTOR

Albert L. Nitzky

ADDRESS

4642 Belair Road

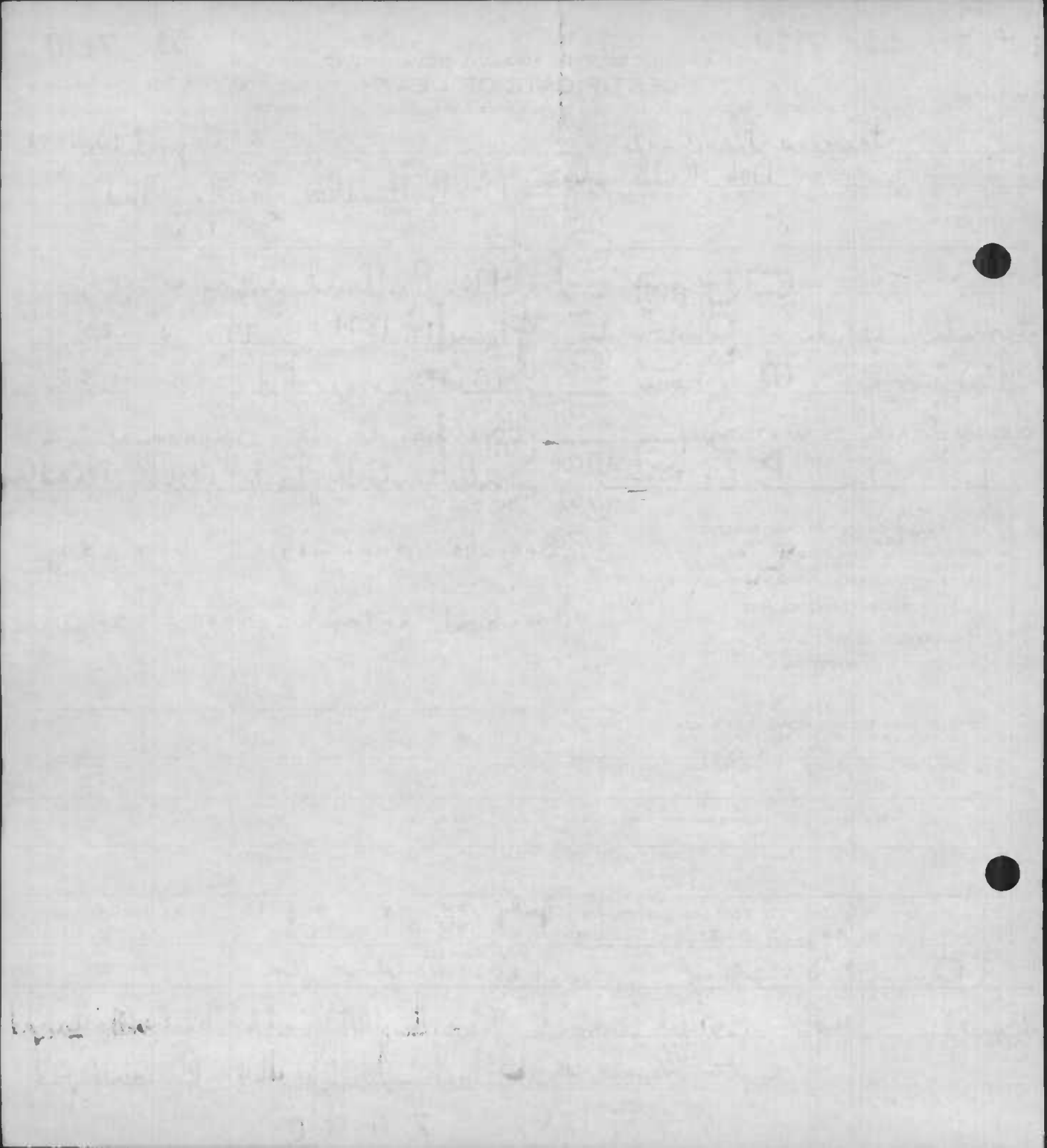
AUG 15 1951

VS 150

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107

MEDICAL CERTIFICATION



51 7111

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7111

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CARRIE

NEWTON

2. DATE
OF
DEATH

August 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

219 Douglas Court

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

B. DATE OF BIRTH

Aug. 5, 1906

9. AGE (in years
last birthday)

45

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, or if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

M. C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Isaac Kellibrew

14. MOTHER'S MAIDEN NAME

Della

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

James Newton - 219 Douglas Court

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of stomach

ANTECEDENT CAUSES

XXXXX

(B) Generalized metastases

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

August 14, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 15 1951

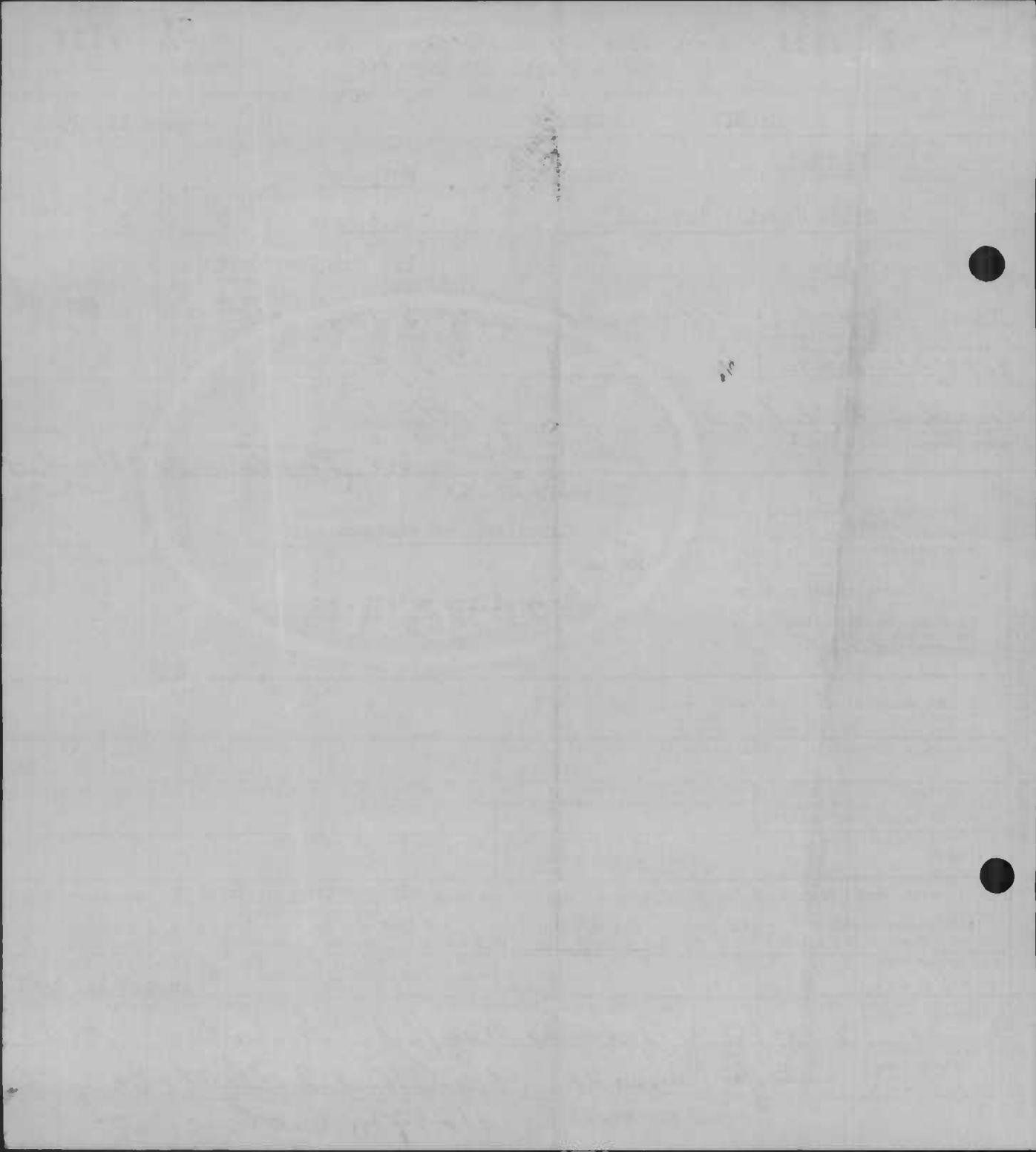
Lutington Williams, Jr.

Mr. Robert G. Elliott & Daughter

VS 151

1129770 Caroline St 46B

MEDICAL CERTIFICATION



BIRTH NO.

1. NAME OF DECEASED
(Type or Print) Robert Hinson (Robert Henson)

2. DATE OF DEATH
8-11-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B.C.H. Md. B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
Baltimore City Hospital
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 26-12

C. Length of stay in Baltimore Life

D. STREET ADDRESS (If rural, give location)
B.C.H. 4940 Eastern Ave.

5. SEX Male

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Mar. 4, 1865

9. AGE (in years last birthday) 84

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME (D)

14. MOTHER'S MAIDEN NAME (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Record: B.C.H. 4940 Eastern Ave.

18. 177X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
CAUSE OF DEATH
(A) Carcinoma of prostate with metastases 2-3 Yrs.
DUE TO
(B)
DUE TO
(C)
INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION II-8-50

19b. MAJOR FINDINGS OF OPERATION
Biopsy of subcutaneous mass, anterior Chest

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) INJURY

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from II-7-1949, to 8-II-1951 that I last saw the deceased alive on 8-II-1951, and that death occurred at II:50Pm., from the causes and on the date stated above.

23a. SIGNATURE [Signature] M. D.

23b. ADDRESS 4940 Eastern Ave.

23c. DATE SIGNED 8-14-51

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE Aug 16-51

24c. NAME OF CEMETERY OR CREMATORY Mt Auburn

24d. LOCATION (City, town, or county) (State) Westport Ind

DATE RECEIVED BY LOCAL REGISTRAR

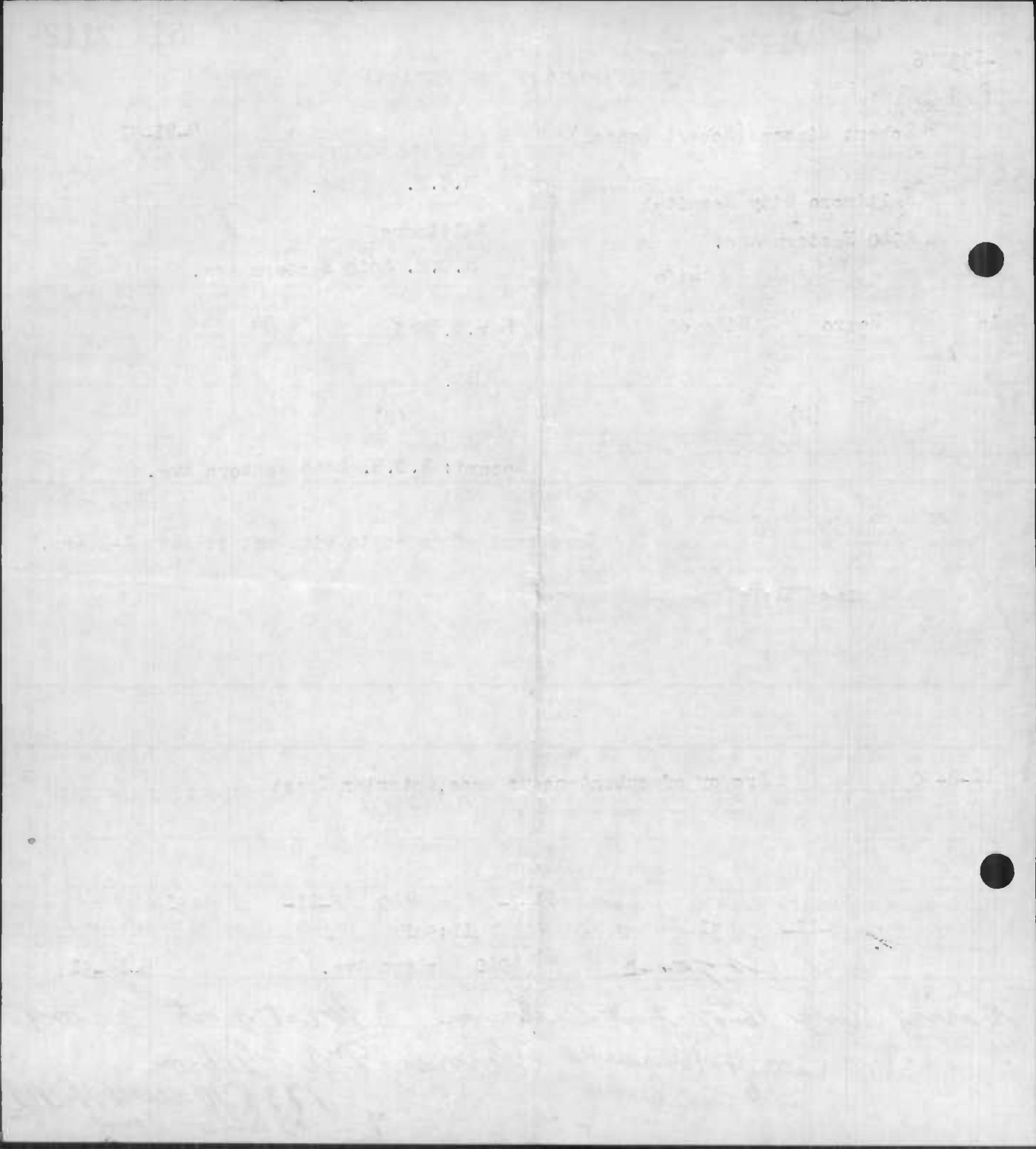
REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR George T. A. Gibson

ADDRESS

AUG 15 1951 VS 150

1735 10 mid Hill @ Balto Ind



431

51 7113

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7113

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHRISTOPHER J. GOLDBECK

2. DATE
OF
DEATH

August 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2410 E. Monument Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Mar. 9-1881

9. AGE (In years last birthday)

70-1/2 A.L.

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Plate Printer

10B. KIND OF BUSINESS OR INDUSTRY

Printing

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Goldbeck

14. MOTHER'S MAIDEN NAME

Daphorn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Bertha Ruffing 1308 Silverthorne Rd.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary artery sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23b. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23c. DATE SIGNED

August 13, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Aug. 16/51

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cem.

24D. LOCATION (City, town, or county)

Balto.

Md.

DATE RECEIVED BY LOCAL REGISTRAR

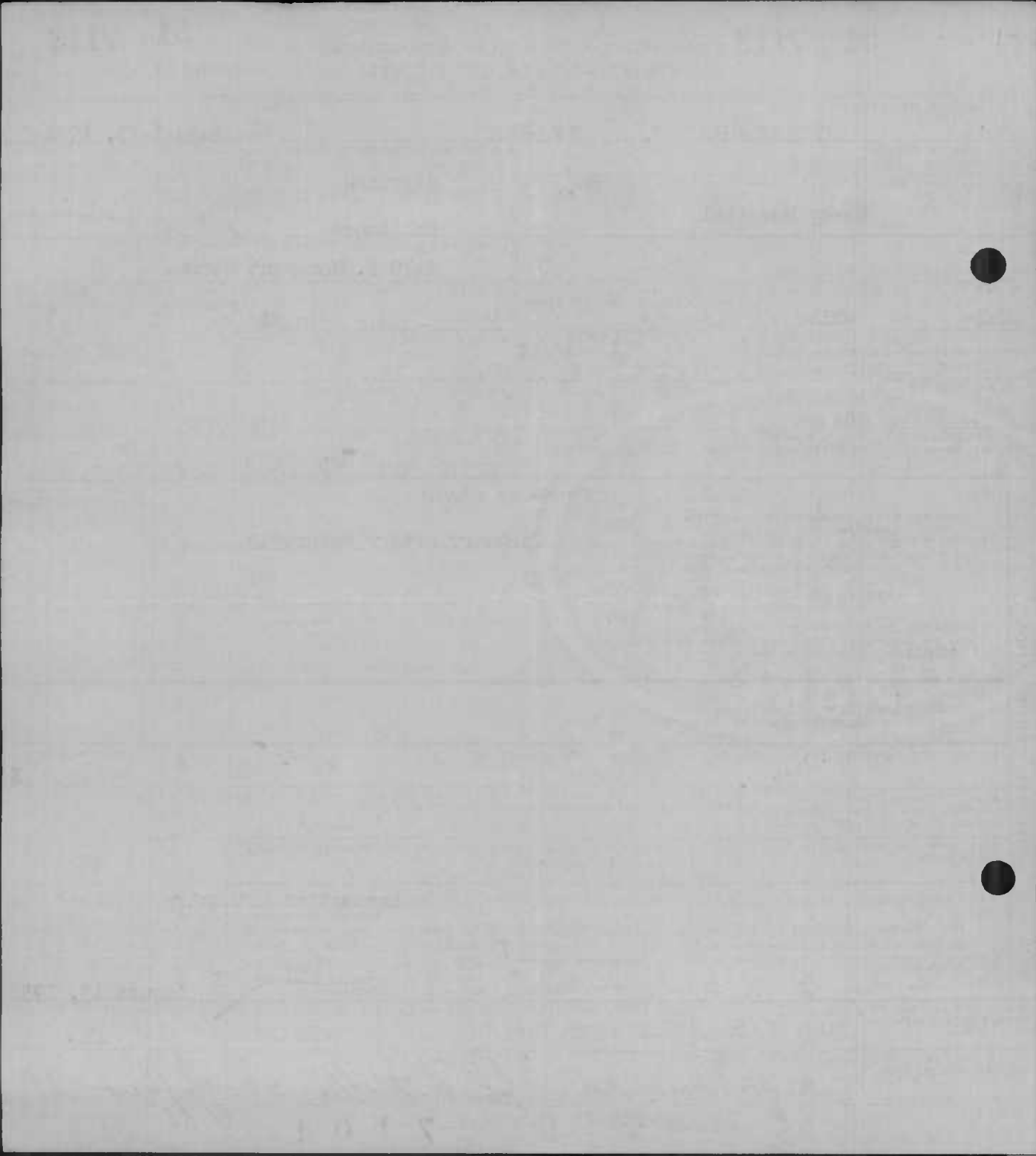
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

08-25-7-11-0 942



200
51 7114BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7114

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary E. Bock

2. DATE
OF DEATH Aug. 11/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1323 Hollins St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

19-03

D. STREET ADDRESS (If rural, give location)

1323 Hollins St.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 23, 1877

9. AGE (In years)

73

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George L. Bennett

14. MOTHER'S MAIDEN NAME

Lydia Rodemeyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Charles Bock Sr., 1323 Hollins St.

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Coronary Disease

8 Wks

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertension Arterio Sclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/16 1951, to 8/11 1951, that I last saw the deceased alive on 8/5 1951, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 15 1951

t. H. Williams

Harry T. Witzke 4101 Edmondson Ave.

VS 150

19510207102 94a

100

100

100

100

51 7115

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 7115

BIRTH NO. *63*

1. NAME OF DECEASED (Type or Print) *Edward Richardson*

2. DATE OF DEATH *8/12/51*

3. PLACE OF DEATH:
A. Baltimore City, Maryland *Baltimore Md*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE *Maryland*
B. COUNTY *Baltimore*

B. FULL NAME OF HOSPITAL OR INSTITUTION *Willbar Nursing Home*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Baltimore 15-01*

D. STREET ADDRESS (If rural, give location) *1121 E. Lexington St*

C. Length of stay in Baltimore *26 yrs*

5. SEX *Male*

6. COLOR OR RACE *Colored*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Married*

8. DATE OF BIRTH *April 15, 1925*

9. AGE (In years, last birthday) *46*

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Labo*

11. BIRTHPLACE (State or foreign country) *Wadesboro, N.C.*

12. CITIZEN OF WHAT COUNTRY? *U.S.A.*

13. FATHER'S NAME *Mr. William Richardson*

14. MOTHER'S MAIDEN NAME *Mrs. Harriet Richardson*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) *No*

16. SOCIAL SECURITY NO.

17. INFORMANT *Mrs. Kathleen Willard*

ADDRESS

18. *352X*

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH *Hemiplegia*

INTERVAL BETWEEN ONSET AND DEATH *2 yrs*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at *11 a.m.* from the causes and on *8/12/51* as stated above.

23A. SIGNATURE *J. Johnson*

23B. ADDRESS *403 Med Arts Bldg*

23C. DATE SIGNED *8/12/51*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial*

24B. DATE *8-15-51*

24C. NAME OF CEMETERY OR CREMATORY *Mt Calvary*

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR *AUG 15 1951*

REGISTRAR'S SIGNATURE *W. D. Williams*

25. FEDERAL DIRECTOR *C. D. Wakefield*

ADDRESS *1000 Park Heights Ave*

VS NEO *Created by another physician in the morning 9:00 99*

VALLEY
CONCRETE
BOND
100% P&G
U.S.A.

51 7116

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7116

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDITH MAE VENIFER

2. DATE
OF
DEATH

8-14-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

Union Mem. Hosp.

C. Length of stay in Baltimore

Yrs.

Mos.

Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOW.

8. DATE OF BIRTH

8-11-69

9. AGE (In years;
last birthday)

82

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

WILLIAM H. MITCHELL

14. MOTHER'S MAIDEN NAME

EMILY MITCHELL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Patient on admission

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Generalized Abdominal
Carcinomatosis
to Ascites

V. M. S.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic C.-V. disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from 7-13, 1951, to 8-14, 1951, that I last saw the deceased alive on 8-14, 1951, and that death occurred at 5:33 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Bernard M. Smelser

M. D.

Union Memorial Hosp.

8-14-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 15 1951

John H. Williams, M.D.

JOHN BURNS' SONS, Towson, MD.

RECEIVED 1000 1000 1000 1000

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1000 1000 1000 1000

51 7117

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7117

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Watkins Lillian

2. DATE
OF
DEATH

8-13-1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
(If not in hospital or institution, give street address or location)
INSTITUTION

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

635 Catara Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

11.10.1915

9. AGE (In years
last birthday)

35

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Personnel Work

10B. KIND OF BUSINESS OR
INDUSTRY

Gleason

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Fred. Erdman

14. MOTHER'S MAIDEN NAME

Sarah Erdman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records

18. 580X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Infectious Hepatitis
Typhus gravis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19____, to 8-13-____, 1957 that I last saw the
deceased alive on 8-13-____, 1957, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

125a

MEDICAL CERTIFICATION

VIN - E

STANDARD & SOUTHERN

VIN - E

STANDARD & SOUTHERN

STANDARD & SOUTHERN

51 7118 CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

51 7118

MK-95533

K-623

CERTIFICATE CORRECTED 9-5-51

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

(Karastanatis Apostoles) Apostoles Karastanatis

2. DATE

OF DEATH 8-12-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
Baltimore City Hospital

4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 26-12D. STREET ADDRESS (If rural, give location)
B.C.H. 4940 Eastern Ave.

C. Length of stay in Baltimore

29 years

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 30, 1897

9. AGE (In years last birthday)

46 54

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY
unknown11. BIRTHPLACE (State or foreign country)
Greece

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
George14. MOTHER'S MAIDEN NAME
Maria15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
NO-16. SOCIAL SECURITY NO.
✓

17. INFORMATION

ADDRESS

Records: B.C.H. 4940 Eastern Ave.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Rheumatic Heart Disease

DUE TO

ANTECEDENT CAUSES

(B)

Thrombosis Descending aorta

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

Over 10 Yrs.

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-19-51, 19 45, 8-12-51, 19, that I last saw the deceased alive on 8-12-51, 19, and that death occurred at 9:20 Pn., from the causes and on the date stated above.

23A. SIGNATURE

P. S. Coyne M.D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

8-14-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

8-16-51

24C. NAME OF CEMETERY OR CREMATORY

Greek Cemetery

24D. LOCATION (City, town, or county) (State)

Windsor Mill Rd.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Lambertine Williams

25. FUNERAL DIRECTOR

ADDRESS

Lambertine Williams 440 E. North Av.

AUG 15 1951

VS 150

511199 07106 9513

MEDICAL CERTIFICATION

1. The first part of the paper is devoted to a general discussion of the problem.

2. In the second part, we shall consider the special case of a uniform distribution.

3. The third part is devoted to the study of the asymptotic behavior of the distribution.

4. Finally, in the fourth part, we shall give some numerical results.

5. The paper is divided into five sections, each of which is devoted to a different aspect of the problem.

6. The first section is devoted to a general discussion of the problem.

7. In the second section, we shall consider the special case of a uniform distribution.

8. The third section is devoted to the study of the asymptotic behavior of the distribution.

9. Finally, in the fourth section, we shall give some numerical results.

10. The paper is divided into five sections, each of which is devoted to a different aspect of the problem.

11. The first section is devoted to a general discussion of the problem.

12. In the second section, we shall consider the special case of a uniform distribution.

13. The third section is devoted to the study of the asymptotic behavior of the distribution.

14. Finally, in the fourth section, we shall give some numerical results.

15. The paper is divided into five sections, each of which is devoted to a different aspect of the problem.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7119

BIRTH NO.

51 7119

1. NAME OF DECEASED
(Type or Print)

EDWARD a ROBINSON

2. DATE
OF
DEATH

August 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

20-04

D. STREET ADDRESS (if rural, give location)

2542 McHenry Street

C. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

Mch. 31-1879

9. AGE (In years
last birthday)

72

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of work life, even if retired)

Ret. yard man

10B. KIND OF BUSINESS OR
INDUSTRY

American Oil Co.

11. BIRTHPLACE (State or foreign country)

Balto. Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Ephraim Robinson

14. MOTHER'S MAIDEN NAME

Julia Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

2A5-07-3184

17. INFORMANT

Mrs. Gertrude Ingwell 2542 McHenry St

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

Skull fracture

(A)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Subdural hemorrhage

(C)

Contusion of brain

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Charles Street near Hamburg Street

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Aug. 13, 1951 12:30 P.m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Walked into side of automobile

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. Smith

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR23C. DATE SIGNED
August 14, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Aug. 17-1951

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem

24D. LOCATION (City, town, or county) (State)

Woodlawn Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Yes X. Burgess 15121 Hollins St

ADDRESS

VS 151

N-803.2

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Balto. 33 Md ✓

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462 51 7120

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7120
Registered No.

1. NAME OF DECEASED (Type or Print) Agnes Caroline Clark			2. DATE OF DEATH August 13, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Lifetime			D. STREET ADDRESS (If rural, give location) 449 N. Milton Avenue		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 24, 1879		9. AGE (In years last birthday) 71
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wife		10B. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Emmanuel Roberts			14. MOTHER'S MAIDEN NAME Francis Hass		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no	17. INFORMANT Husband		
			ADDRESS 449 N. Milton St.		

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
(A) Acute myocardial infarction;		
DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(B) Severe coronary sclerosis;		
DUE TO Diabetes;		
(C) Hypertensive cardio-vascular disease		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
Arteriosclerotic cardio-vascular disease; Old myocardial infarctions.		

19A. DATE OF OPERATION BURIAL		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7/27/51 , to 8/13/51 , that I last saw the deceased alive on 8/13/51 , and that death occurred at 6:45 AM , from the causes and on the date stated above.					
23A. SIGNATURE Chas F. Evans		23B. ADDRESS 1400 N. Caroline Street		23C. DATE SIGNED 8/13/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8-17-51		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) (State) Baltimore Maryland		25. FUNERAL DIRECTOR Chas F. Evans & Son			
DATE RECEIVED BY LOCAL REGISTRAR AUG 15 1951		REGISTRAR'S SIGNATURE William H. Williams			

1. The first part of the document is a list of names and addresses of the members of the committee.

2. The second part of the document is a list of the names and addresses of the members of the committee.

3. The third part of the document is a list of the names and addresses of the members of the committee.

4. The fourth part of the document is a list of the names and addresses of the members of the committee.

5. The fifth part of the document is a list of the names and addresses of the members of the committee.

6. The sixth part of the document is a list of the names and addresses of the members of the committee.

7. The seventh part of the document is a list of the names and addresses of the members of the committee.

8. The eighth part of the document is a list of the names and addresses of the members of the committee.

9. The ninth part of the document is a list of the names and addresses of the members of the committee.

10. The tenth part of the document is a list of the names and addresses of the members of the committee.

S-326
51 7121BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7121

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES J. STOCKER

2. DATE
OF
DEATH

AUGUST 12/1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore City

D. STREET ADDRESS (If rural, give location)

206 South Furrow Street

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

206 South Furrow Street

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Apr. 21-1895

9. AGE (In years
last birthday)

56

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Piel-Meat Co.

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Carl Stocker

14. MOTHER'S MAIDEN NAME

Henrietta Zirkenbach

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
216-10-3390

17. INFORMANT

ADDRESS

Lula Augsburger..206 S.Furrow St.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Uremia
Chronic NephritisINTERVAL BETWEEN
ONSET AND DEATH

2 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Malignant Hypertension
Generalized Arteriosclerosis

6 mos.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1947 to Aug. 11, 1951, that I last saw the
deceased alive on Aug. 11, 1951, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

K. Krulovity M.D.

M.O.

23B. ADDRESS

244 North Hilton Street

23C. DATE SIGNED

Aug. 14-1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

AUG. 15-1951

24C. NAME OF CEMETERY OR CREMATORY

London Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTERED IN BALTIMORE

25. FUNERAL DIRECTOR

ADDRESS

15-1981

15-1981

15-1981

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15-1981

51 7122

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7122

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sister Owen (Connolly)

2. DATE
OF
DEATH

8/13/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Bon Secour Hosp.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2025 W. Fayette St.

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Notre Dame of Md.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

North Charles St. Balto 12 Md.

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

5. SEX

F.

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

4/21/02

9. AGE (In years
last birthday)

48

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Religious

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Mass.

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Thomas J. Connolly

14. MOTHER'S MAIDEN NAME

Mary N. Noone

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cardiac Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Rheumatic Heart Disease

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 9th 1951, to August 13th 1951, that I last saw the
deceased alive on Aug 13, 1951, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

D. J. Connolly

M. O.

23B. ADDRESS

Bon Secour Hospital

23C. DATE SIGNED

8/13/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

8-16-51

24C. NAME OF CEMETERY OR CREMATORY

SISTERS CEMETERY

24D. LOCATION (City, town, or county)

CHARLES ST & HOMELAND AVE.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

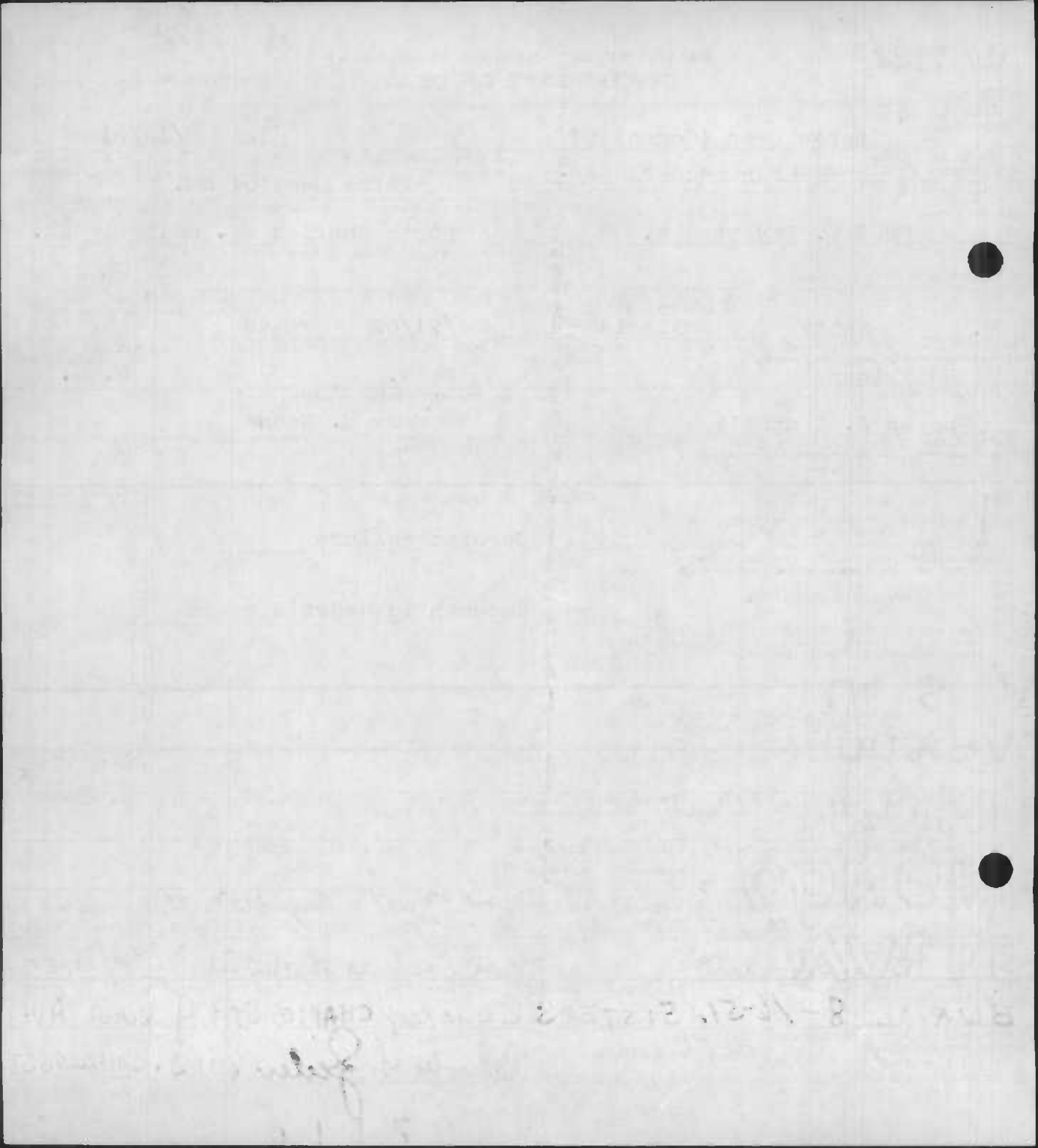
REGISTRAR'S SIGNATURE

Wm. J. Williams, M.D.

25. FUNERAL DIRECTOR

Charles S. Seiler 901 S. CONKLING ST.

ADDRESS



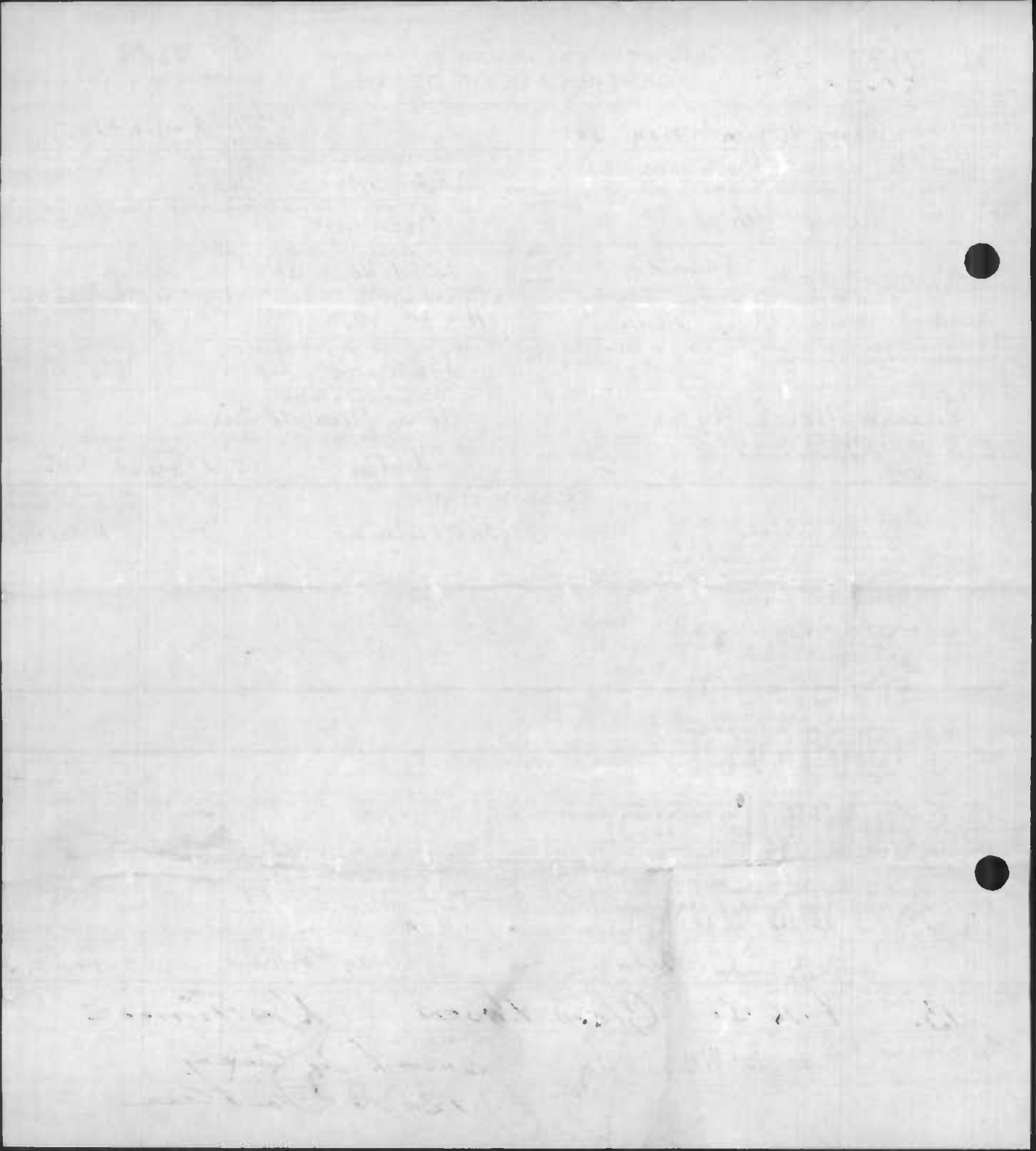
51 7123
BIRTH NO. 50-241-799
50-241-850BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7123
Registered No.

1. NAME OF DECEASED (Type or Print) <u>Richard William Hyson, Jr.</u>			2. DATE OF DEATH <u>8-14-1957</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore, Md</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Baltimore</u> B. COUNTY <u>Md.</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mersey Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore <u>8 months</u>			D. STREET ADDRESS (If rural, give location) <u>1521 Race St.</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>11-30-1950</u>		9. AGE (In years last birthday) <u>8</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Baltimore, Md</u>
13. FATHER'S NAME <u>Richard William Hyson</u>			14. MOTHER'S MAIDEN NAME <u>Clara Elizabeth Dixon</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT <u>Mother</u>
			ADDRESS <u>1521 Race St. Baltimore</u>		

18.	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Hydrocephalus</u>	(A) DUE TO	<u>8 months</u>
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>—</u>	(B) DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>—</u>	(C) DUE TO	

19A. DATE OF OPERATION <u>—</u>		19B. MAJOR FINDINGS OF OPERATION <u>—</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>—</u>	
21D. TIME (Month) (Day) (Year) (Hour) INJURY <u>—</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>—</u>	
22. I hereby certify that I attended the deceased from <u>8-12-1957</u> , to <u>8-14-1957</u> , that I last saw the deceased alive on <u>8-14-1957</u> , and that death occurred at <u>9 A.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Engel Ch. Dammann, M.D.</u>		23B. ADDRESS <u>Mersey Hospital</u>		23C. DATE SIGNED <u>8-14-57.</u>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>B.</u>	24B. DATE <u>8-16-57</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Glen Haven</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>—</u>		REGISTRAR'S SIGNATURE <u>—</u>	
VS 150		25. FUNERAL DIRECTOR <u>—</u>	



51 7124

51 7124

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. *K.620*1. NAME OF DECEASED
(Type or Print)

GEORGE ADAM KIRSCH

2. DATE
OF
DEATH

August 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 621 S. Grundy St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

621 S. Grundy Street

26-09

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

Yrs.
Mos.
Days

8. DATE OF BIRTH

Dec. 11, 1878

9. AGE (In years
last birthday)

72 years

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR INDUSTRY

unknown

11. BIRTHPLACE (State or foreign country)

Fullerton, Maryland.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Daniel Kirsch

14. MOTHER'S MAIDEN NAME

Amelia Lohmann

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Augustus Kirsch, brother, 2617 Mura St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ...

Coronary Occlusion

DUE TO

4-5 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ...

Atherosclerosis

DUE TO

4 1/3-4 yrs

(C) ...

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *26 Sept*, 19*50*, to *13 Aug*, 19*51*, that I last saw the deceased alive on *13 Aug*, 19*51*, and that death occurred at *5 A* m., from the causes and on the date stated above.

23A. SIGNATURE

Howard Johnson

M. D.

23B. ADDRESS

1113 N. Milken Ave

23C. DATE SIGNED

*14 Aug 51*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Aug 16, 1951

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart of Jesus Cem.

24D. LOCATION (City, town, or county) (State)

German Hill Rd., Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

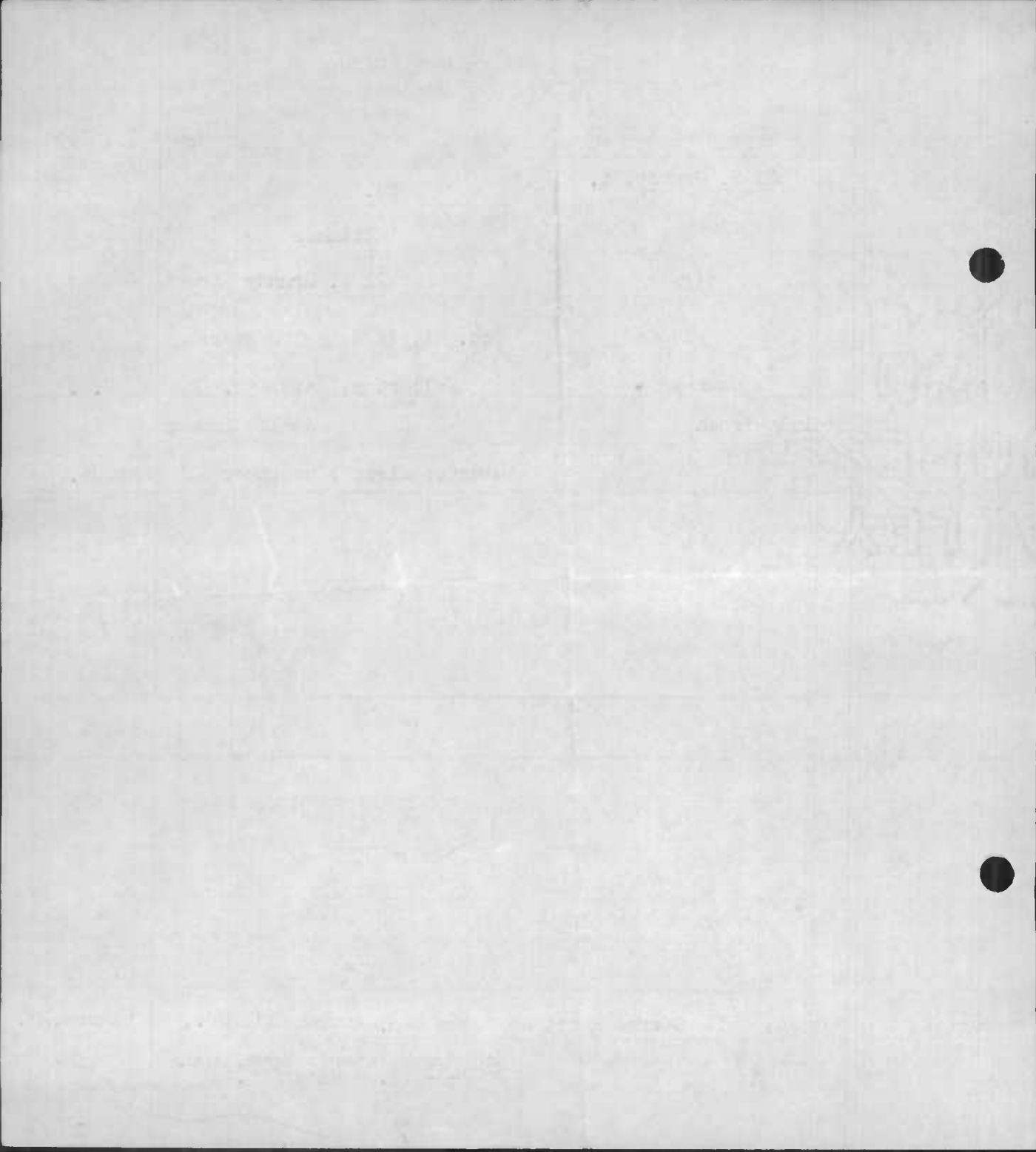
REGISTRAR'S SIGNATURE

Wm. J. Williams, M.D.

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

ADDRESS



51 7125

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7125

Registered No.

BIRTH NO.

R-163

1. NAME OF DECEASED
(Type or Print)

Christina Mary Rebbert

2. DATE
OF
DEATH

Aug. 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION I003 E. Belvedere Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

I003 Belvedere Avenue

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

March 17, th. 1877

9. AGE (In years
last birthday)11 Under 1 Year
Months: Days
4 2612 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Louis Rosenberger

14. MOTHER'S MAIDEN NAME

Catherine Thillman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

None

16. SOCIAL
SECURITY NO.
None

17. INFORMANT

ADDRESS

Mr. Adam G. Rebbert-I003 E. Belvedere

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute pulmonary edema
Quinella Fibrillation

4 hours

6 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Cardio-vascular accident

9 days

DUE TO

(C) Generalized arteriosclerosis

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 August, 1951, to 13 August, 1951, that I last saw the
deceased alive on 13 August, 1951, and that death occurred at 11:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Edward M. Bancak

23B. ADDRESS

1749 Waverly Way

23C. DATE SIGNED

14 Aug. '51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

8-17-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Belair Rd. Balto: Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

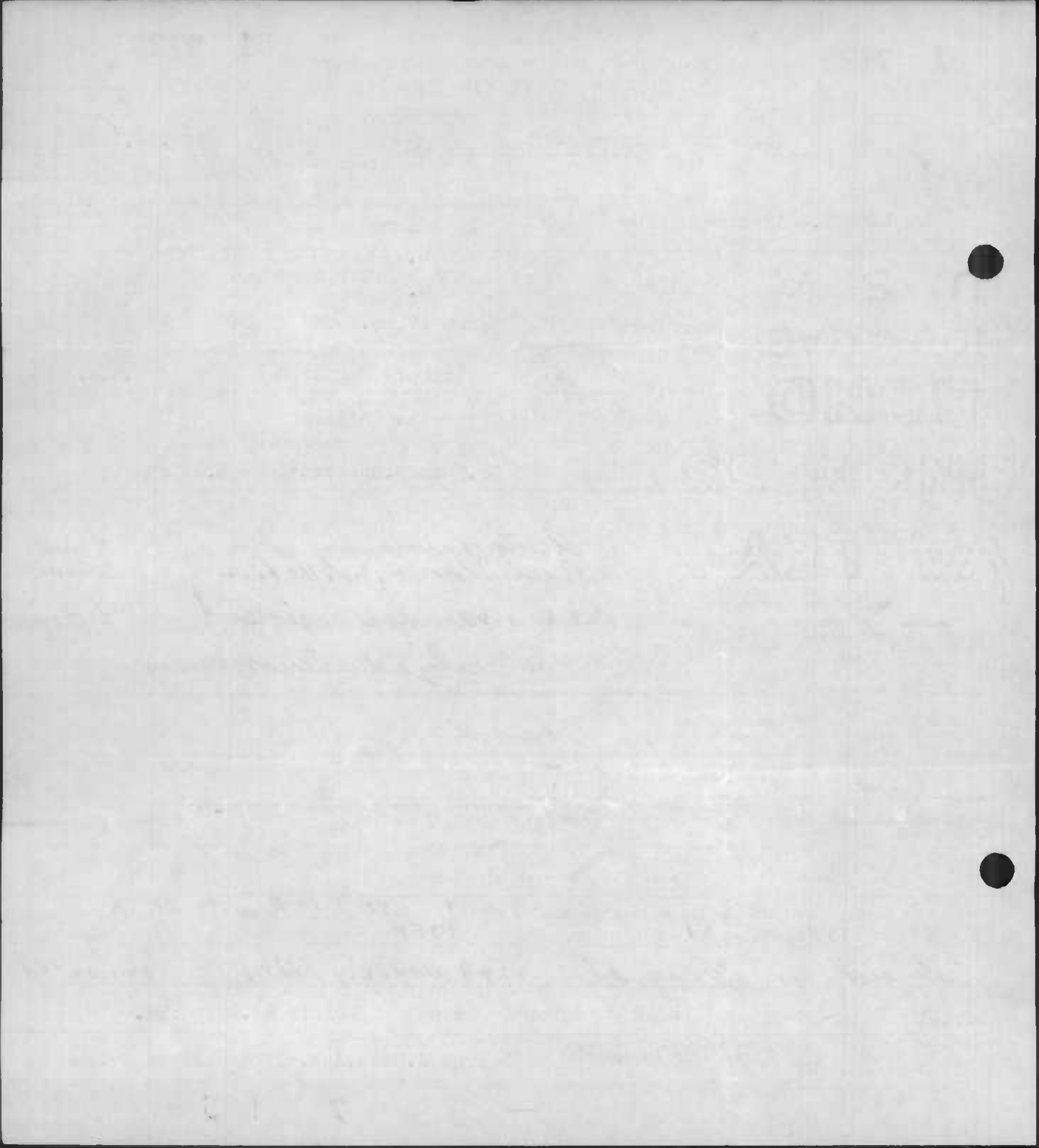
REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

George J. Ruth, Inc. - 1735 Harford Avenue



51 7126

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7126

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWARD M. SCHAFER

2. DATE
OF
DEATH

August 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept. 5-1903

9. AGE (In years
last birthday)

47

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

grave digger

10B. KIND OF BUSINESS OR
INDUSTRY

Holy Redeemer

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Schafer

14. MOTHER'S MAIDEN NAME

Annes

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Rose Schafer-3605 Parkside Dr.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary occlusion

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

11
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

August 14, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

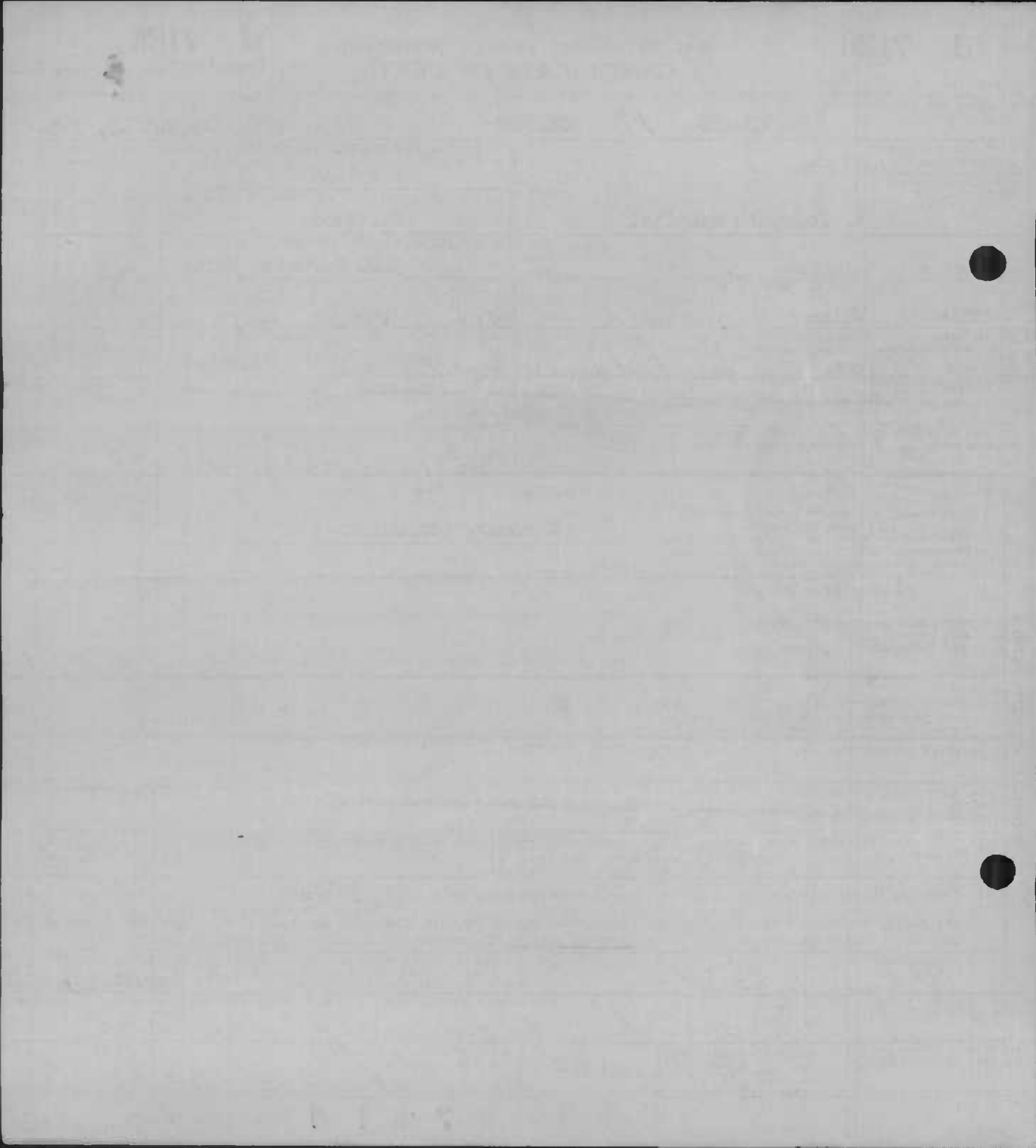
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



100

51 7127

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7127

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RACHEL - E - LEPPO

2. DATE
OF
DEATHAug. 15th, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3204 Belvidere Ave

4. USUAL RESIDENCE (Where deceased lived, in institution; residence before admission):
A. STATE

Maryland - Carroll

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Hampstead

D. STREET ADDRESS (If rural, give location)

5600

c. Length of stay in Baltimore

Yrs.
Mos.
4 Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 26 - 1872

9. AGE (in years;
last birthday)

74 yrs

10. Under 1 Year
Months; Days11. Under 24 Hours
Hours; Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10b. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Elijah Leppo

14. MOTHER'S MAIDEN NAME

Elizabeth Arbrough

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

✓

17. INFORMANT

ADDRESS

Mrs Geo Wagner - 3204 Belvidere Ave

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Chronic Myocarditis

5 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Coronary Sclerosis

5 months

(C)

Atherosclerosis

1 yr.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 14th, 1951, to Aug. 15th, 1951, that I last saw the deceased alive on Aug. 15th, 1951, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE

James A. Miller M.D.

23b. ADDRESS

Pikesville - 8, Md

23c. DATE SIGNED

8/15/51

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

Aug 17/51

24c. NAME OF CEMETERY OR CREMATORY

Bethel

24d. LOCATION (City, town, or county)

Crown Point, Carroll Co Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

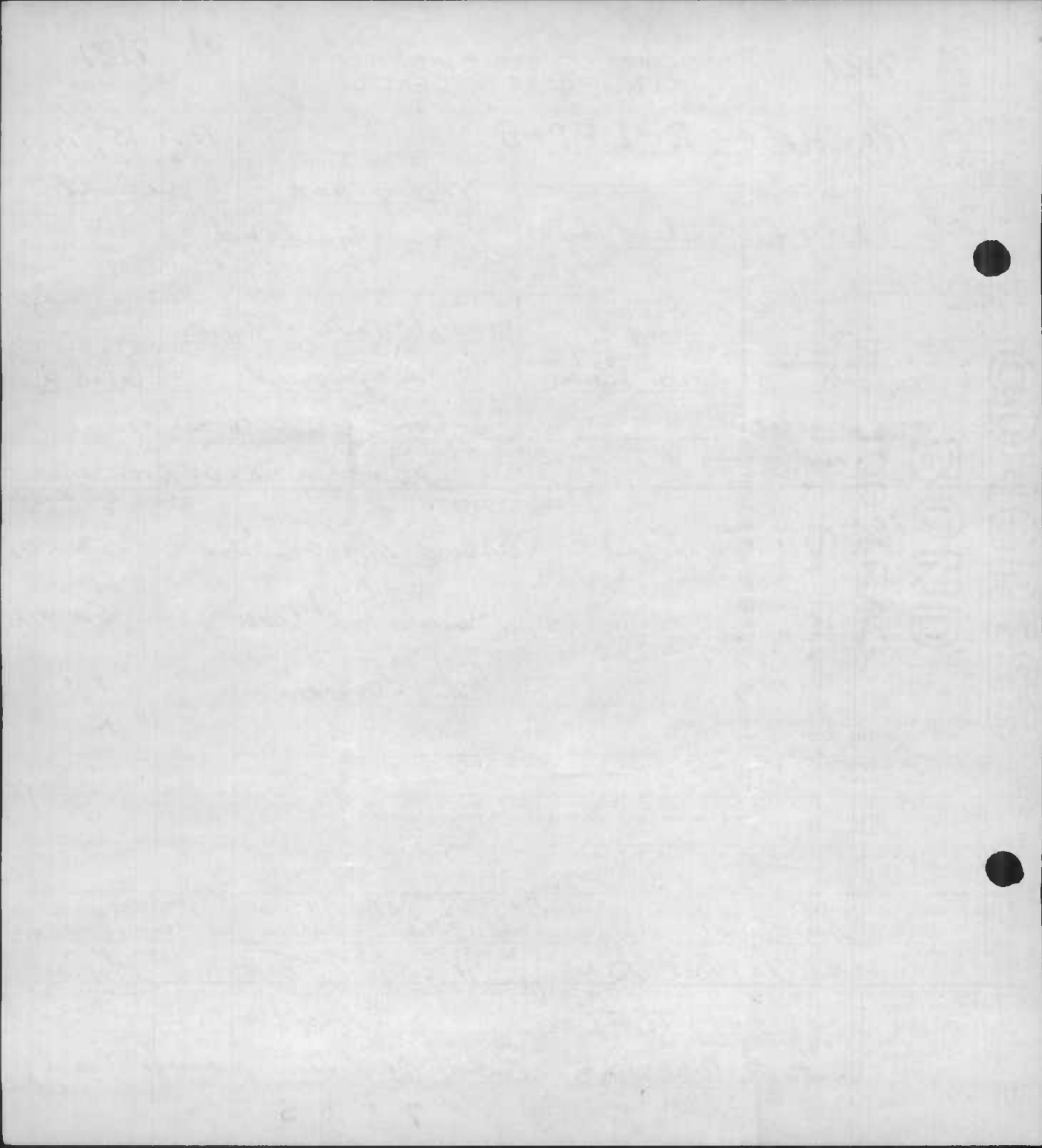
Edw. Gipton - Hampstead, Md

AUG 15 1951

51 7127 10007115

937

MEDICAL CERTIFICATION



456

51 7128

51 7128

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.

N.R.

1. NAME OF DECEASED
(Type or Print)

Catherine Flemer

2. DATE
OF
DEATH

Aug 15/1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if in institution: residence before admission)

A. STATE

B. COUNTY

Va.

CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Richmond -

D. STREET ADDRESS (If rural, give location)

103 E. Calverton Rd.

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

-

8. DATE OF BIRTH

6-4-51

9. AGE (In years,
last birthday)If Under 1 Year
Months Days

21

If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Flemer

14. MOTHER'S MAIDEN NAME

Jean De Shazo

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Renal Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Congenital Renal

DUE TO

Anomaly.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 2, 1951, to Aug 15, 1951, that I last saw the
deceased alive on Aug. 15, 1951, and that death occurred at 7:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

8/15/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Removal

Aug. 15, 1951

Fredericksburg, Va.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

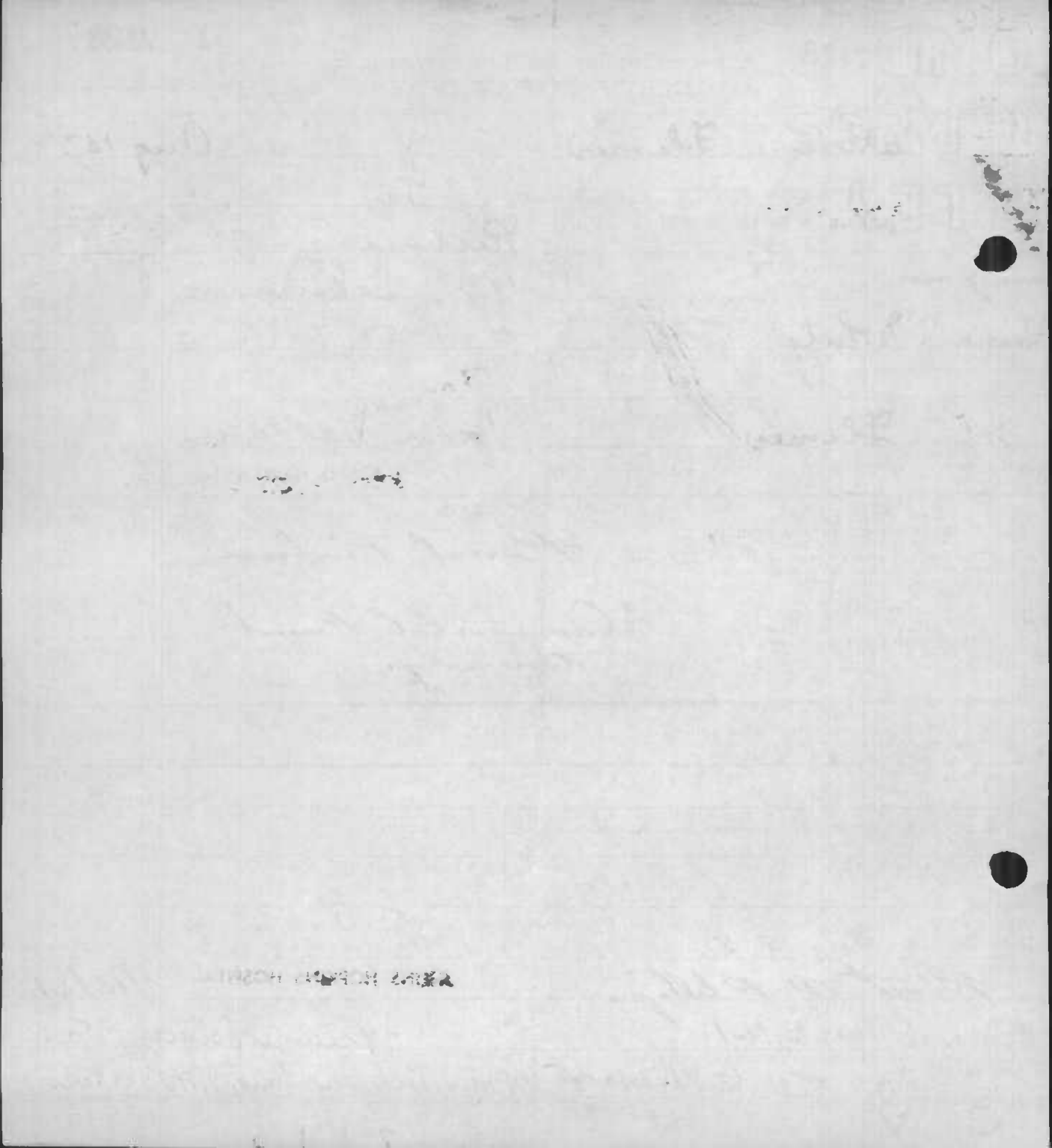
ADDRESS

AUG 15 1951

VS 150

Wm. J. Tickner & Sons, N.Y. Ave.

157H



NOT A MEDICAL EXAMINER'S CASE

William S. Smith M.D.
CHIEF OR ASST. MEDICAL EXAMINER

51 7130

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDGAR

JENNINGS

2. DATE
OF
DEATH

July 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF

HOSPITAL OR
INSTITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

10 E. Pratt Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

U

9. AGE (In years
last birthday)

65 ?

H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

N

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

K

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

N

14. MOTHER'S MAIDEN NAME

O

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(If yes, give war or dates of service)

W

16. SOCIAL
SECURITY NO.

17. INFORMANT

N

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Luetic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

July 31, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

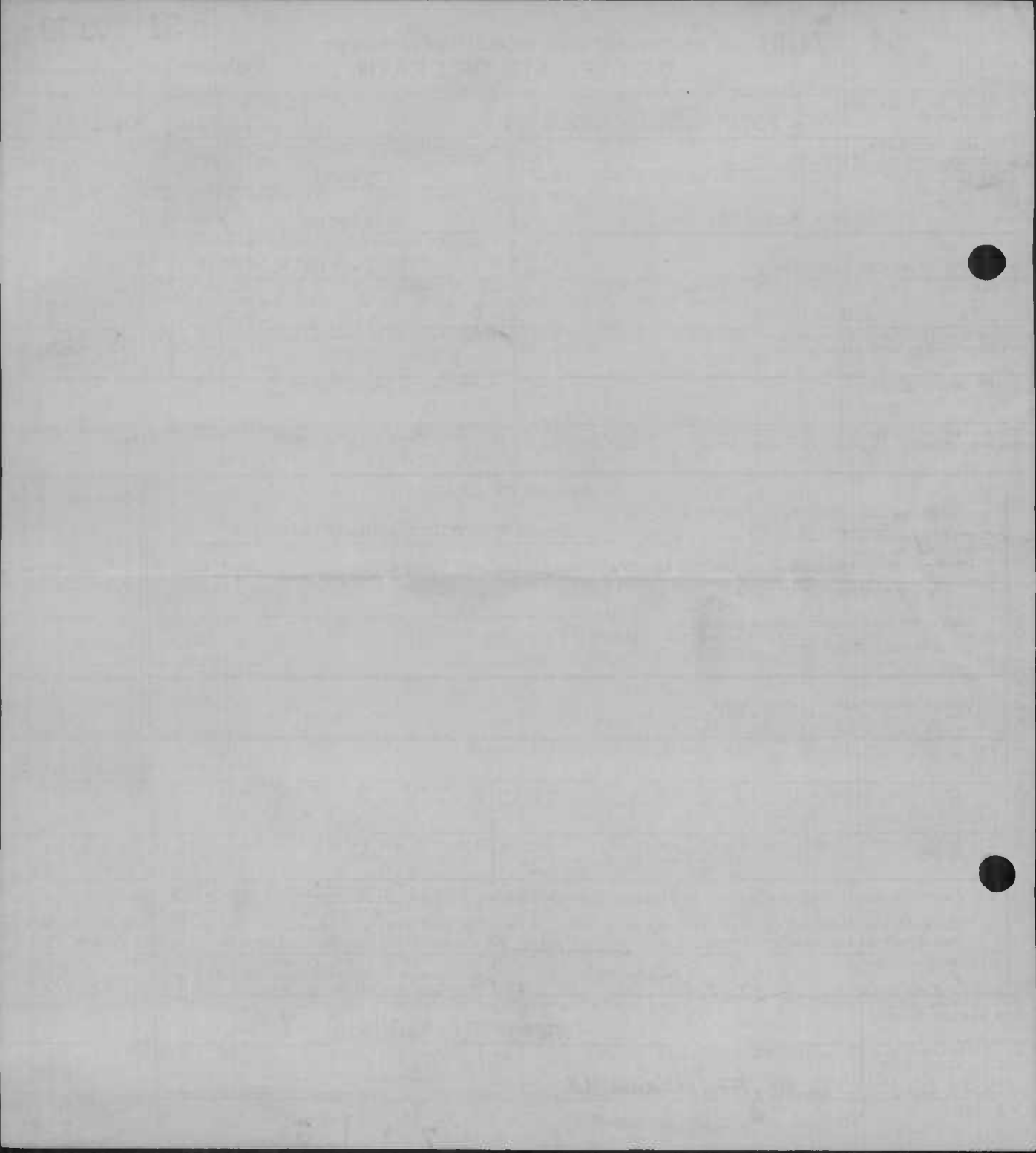
ADDRESS

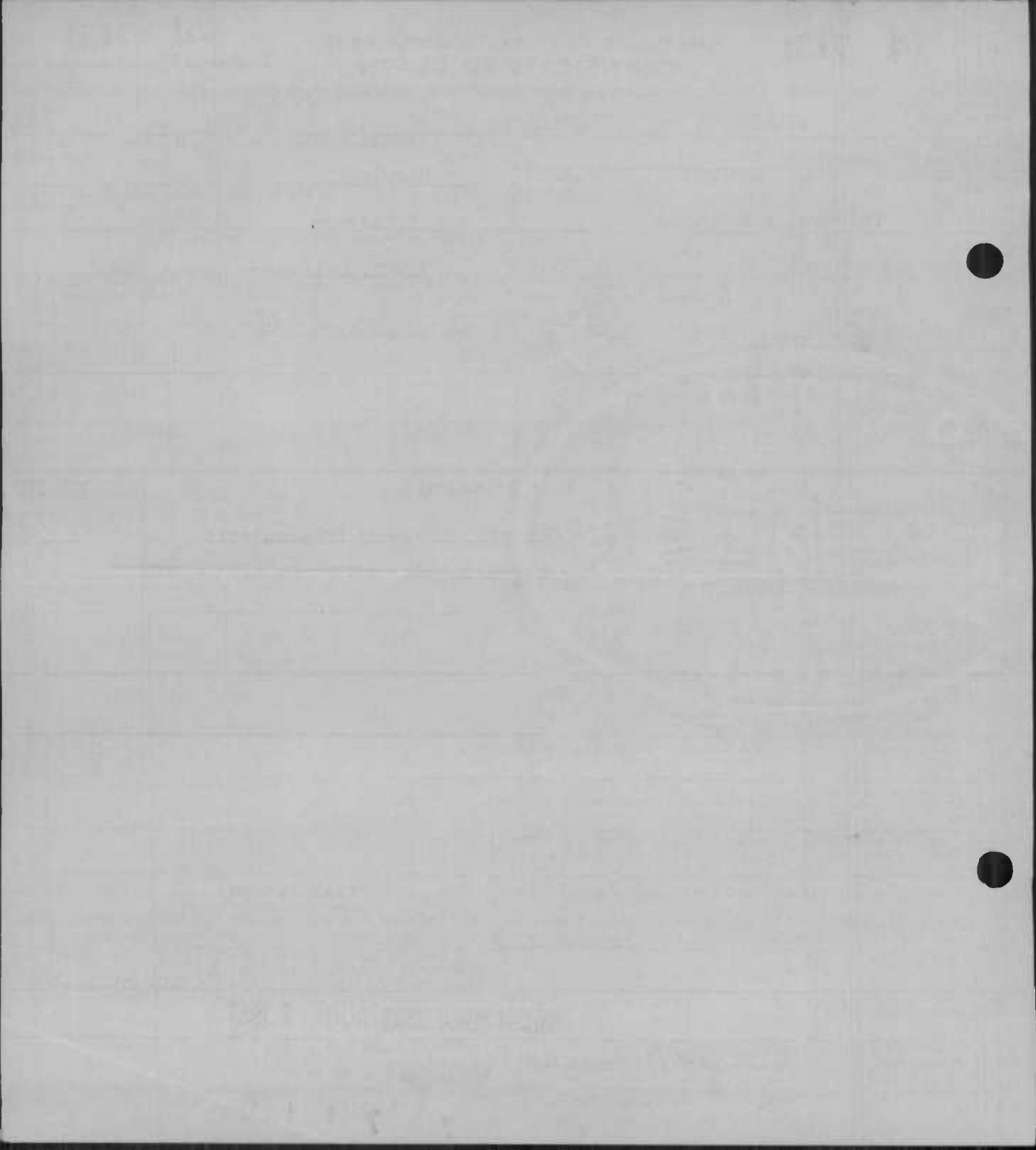
VS 151

UNIVERSITY MEDICAL SCHOOL AUG 7 1951

Commissioner of Health

30E





-320
51 7132BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7132

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ESTHER METZ			2. DATE OF DEATH 8-16-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland 4613 Park Hgts Ave			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mt Sinai Home			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-16		
c. Length of stay in Baltimore 45			D. STREET ADDRESS (If rural give location) 3018 Oakford Ave		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH	9. AGE (In years last birthday) 57	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Russia	
13. FATHER'S NAME Abraham		14. MOTHER'S MAIDEN NAME Molka		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Mollie Bloom - ADDRESS Same	

18. 193X	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Carcinoma of liver DUE TO	
ANTECEDENT CAUSES	(B) Cocaine of spinal cord DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION April 4 1951	19B. MAJOR FINDINGS OF OPERATION spinal cord tumor	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **my 10, 1951 to Aug 15, 1951**, that I last saw the deceased alive on **8/15, 1951**, and that death occurred at **12:47 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE A. H. Hornstein	23B. ADDRESS 2048 Biddle St	23C. DATE SIGNED 8/16/51
---------------------------------------	------------------------------------	---------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8-16-51	24C. NAME OF CEMETERY OR CREMATORY Rosedale	24D. LOCATION (City, town, or county) Balto, Md
---	--------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR AUG 16 1951	REGISTRAR'S SIGNATURE William M. Jack Lewis	25. FUNERAL DIRECTOR 2100 Outlaw Rd
---	--	--

Hornstone

51 7133

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7133

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SOLOMON BAKER

2. DATE
OF
DEATH

8-15-51

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

931 Washington Boulevard

c. Length of stay in Baltimore

50

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Merchman

10b. KIND OF BUSINESS OR INDUSTRY

Shoe Repairer

13. FATHER'S NAME

Israel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

14. MOTHER'S MAIDEN NAME

Hinda

17. INFORMANT

Esther Baker-

ADDRESS

Lance

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Coronary Thrombosis

Arteriosclerotic Cardiovascular Disease.

INTERVAL BETWEEN
ONSET AND DEATH

1 hr.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 10, 1950, to Aug. 15, 1951, that I last saw the deceased alive on Aug. 15, 1951, and that death occurred at 6 p. m., from the causes and on the date stated above.

23a. SIGNATURE

Samuel B. Wolfe

23b. ADDRESS

1331 E. North Ave

23c. DATE SIGNED

8-16-51

M. D.

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

8-16-51

24c. NAME OF CEMETERY OR CREMATORY

Rose Dale

24d. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

AUG 16 1951

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

Jack Lewis

ADDRESS

2100 Catow Rd

Wolf
1331 S. North

930

711W 5773
La 5699

2714 Reset

51 7134

51 7134

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. 51-19462

1. NAME OF DECEASED
(Type or Print)

Baby Girl Strickler

2. DATE
OF
DEATH

8.9.1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Doctors Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

a. STATE b. COUNTY

Maryland

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 8-05

d. STREET ADDRESS (If rural, give location)

2136 N. Wolfe St.

c. Length of stay in Baltimore

7h. 25 min

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

female

white

infant

8. DATE OF BIRTH

8.9.1951

9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours Min.

7 25

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

infant

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Chester Maynard Strickler

14. MOTHER'S MAIDEN NAME

Evelyn Mae Herman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

mother

18. 962.01

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Atelectases -

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☒

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-9 1951, to 8-9 1951, that I last saw the deceased alive on 8-9-1951, and that death occurred at 130 p.m., from the causes and on the date stated above.

23a. SIGNATURE

Basal Indon

M. D.

23b. ADDRESS

23c. DATE SIGNED

300 E. North Ave 8-10-51

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

JOHN HOPKINS MEDICAL SCHOOL AUG 10 1951

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 16 1951

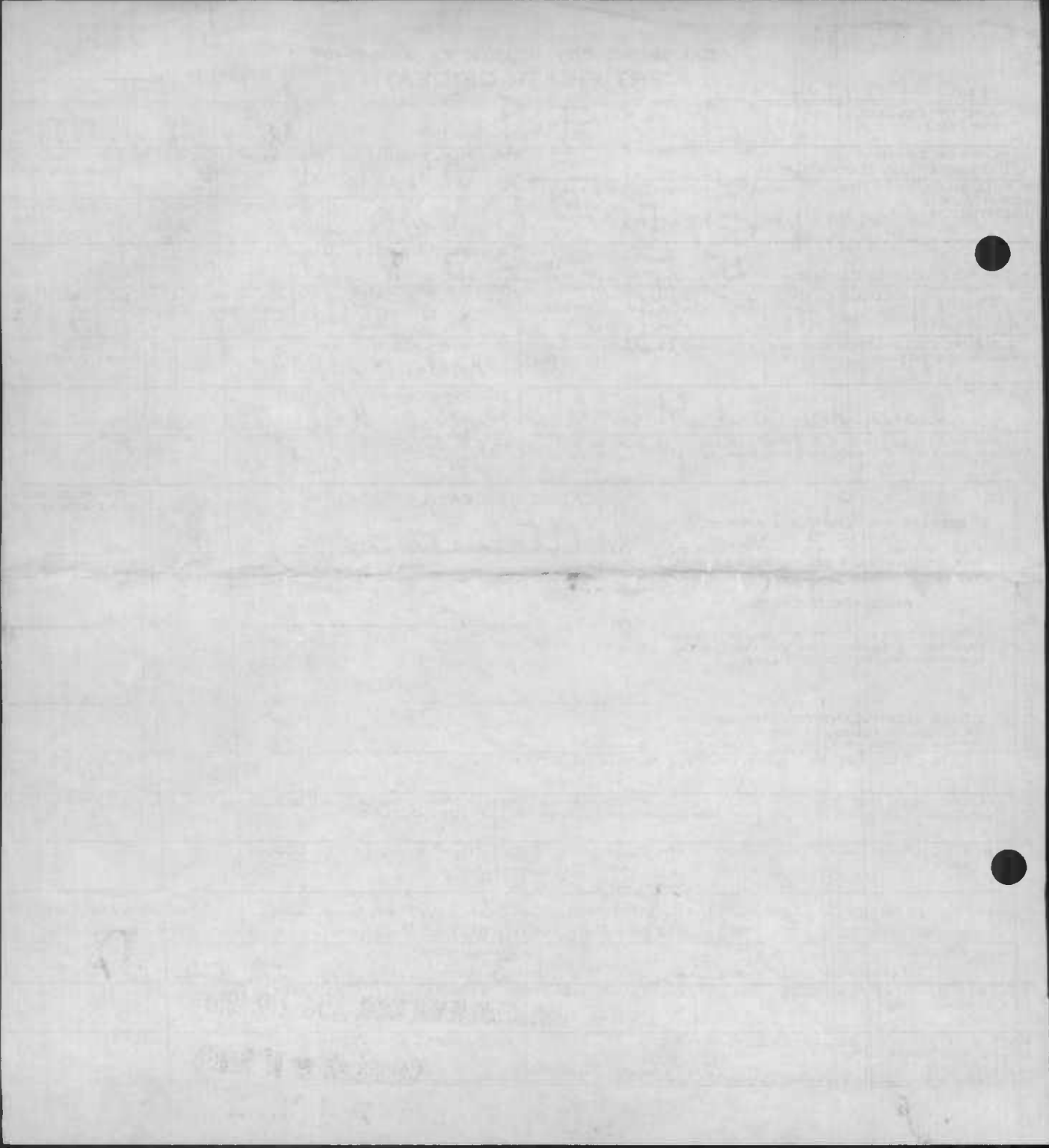
Wilmington Williams

Commissioner of Health

VS 150

1951 0 30 7 12 2 161a

MEDICAL CERTIFICATION



30 51 7135
51-21189

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7135
Registered No.

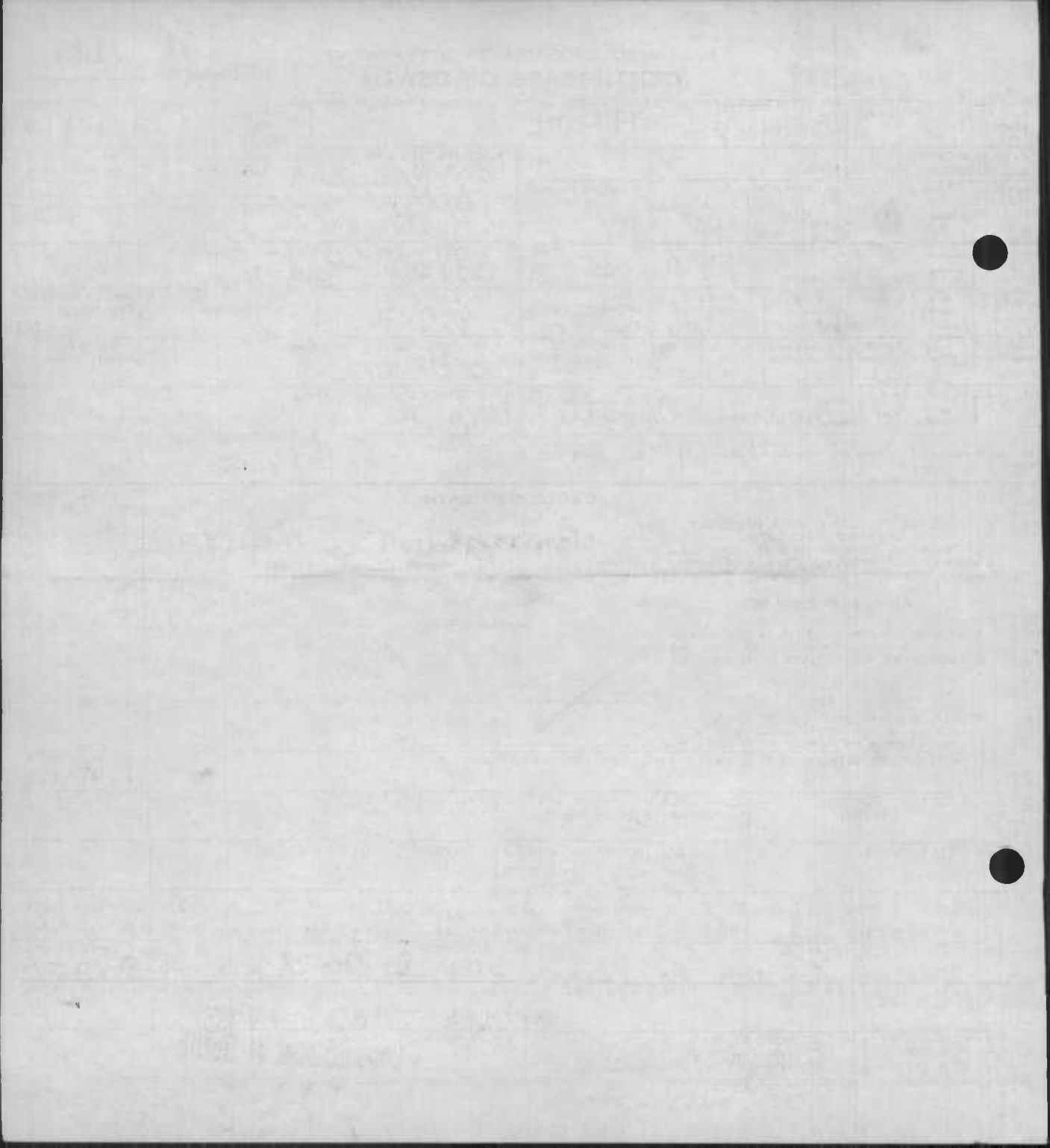
1. NAME OF DECEASED (Type or Print) <i>Baby Girl Abbott</i>		2. DATE OF DEATH <i>8.9.1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Doctors Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 26-34</i>	
C. Length of stay in Baltimore <i>5 hours</i>		D. STREET ADDRESS (If rural, give location) <i>1230 Armistead Way</i>	
5. SEX <i>female</i>	6. COLOR or RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>infant</i>	8. DATE OF BIRTH <i>8.9.1951</i>
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>infant</i>		9B. KIND OF BUSINESS OR INDUSTRY	
10. FATHER'S NAME <i>Frederick Bradshaw Abbott</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
12. CITIZEN OF WHAT COUNTRY?		13. MOTHER'S MAIDEN NAME <i>Elizabeth Virginia Reed</i>	
14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		15. SOCIAL SECURITY NO.	
16. INFORMANT <i>Mother</i>		17. ADDRESS	

18. <i>754.4</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronatal Heart disease</i>	CAUSE OF DEATH <i>Coronatal Heart disease</i>	INTERVAL BETWEEN ONSET AND DEATH
DUE TO (A) _____		
DUE TO (B) _____		
DUE TO (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8-9</i> , 1951, to <i>8-9</i> , 1951, that I last saw the deceased alive on <i>8-9</i> , 1951, and that death occurred at <i>11 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Boal London M.D.</i>		23B. ADDRESS <i>300 E North Ave</i>		23C. DATE SIGNED <i>8-10-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
				24D. LOCATION (City, town, or county) (State)	

DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 16 1951</i>		REGISTRAR'S SIGNATURE <i>Wilmington Williams</i>		25. FUNERAL DIRECTOR <i>Commissioner of Health</i>	
				ADDRESS	

VS 150
510007123 157E



51 7136

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7136

Registered No.

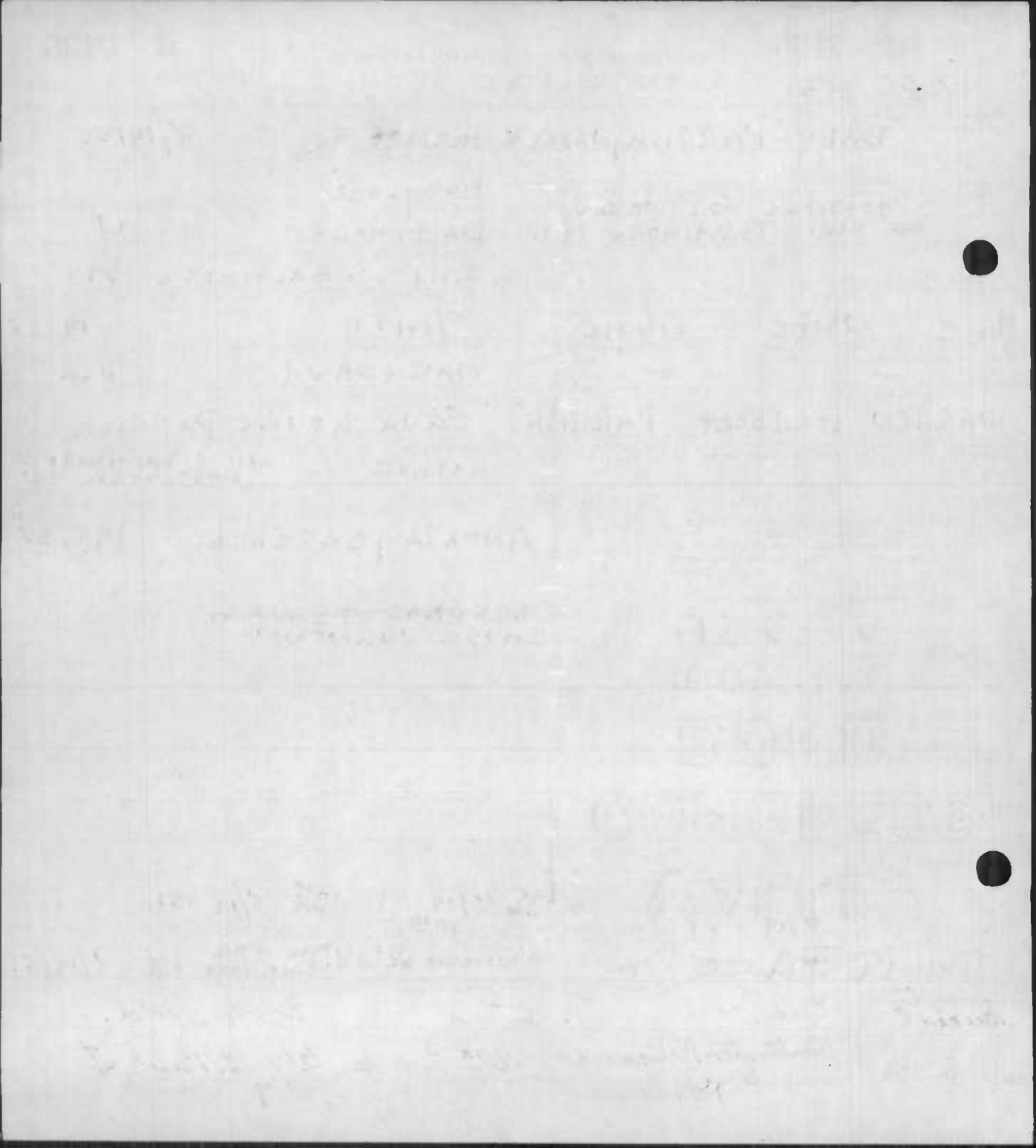
BIRTH NO. 51-18530

1. NAME OF DECEASED (Type or Print) Baby-PARRISH, WARREN Herbert Jr		2. DATE OF DEATH 8/14/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL FOR WOMEN OF Md. BALTIMORE Md.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 20-04	
C. Length of stay in Baltimore 1 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2111 W. BALTIMORE ST.	
5. SEX MALE	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 8/14/51
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min. 19 35
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME WARREN Herbert PARRISH		14. MOTHER'S MAIDEN NAME EDNA LOUISE PARRISH	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT MOTHER		ADDRESS 2111 W. BALTIMORE ST BALTIMORE Md.	

18. 7620 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANOXIA, CEREBRAL	CAUSE OF DEATH ANOXIA, CEREBRAL	INTERVAL BETWEEN ONSET AND DEATH 19h 35"
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CEREBRAL TRAUMA	DUE TO CAUSE UNKNOWN.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 2:45 PM 8/14, 1951 to 10:10 PM 8/14, 1951 that I last saw the deceased alive on 8/14, 1951 , and that death occurred at 10:10 PM , from the causes and on the date stated above.		
23A. SIGNATURE Perry D. Powell Jr. M. D.	23B. ADDRESS HOSPITAL FOR WOMEN OF Md. BALTIMORE Md.	23C. DATE SIGNED 8/14/51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8/16/51	24C. NAME OF CEMETERY OR CREMATORY St. Peter's	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR AUG 16 1951	REGISTRAR'S SIGNATURE Wm EOK Inc. 1517 St. Paul St.	25. FUNERAL DIRECTOR Wm EOK Inc. 1517 St. Paul St.	



145 51 7137
51-16741

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7137
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>1st BABY GIRL KEPLINGER</i>		2. DATE OF DEATH <i>Aug. 11, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Church Home & Hospital</i>		4. USUAL RESIDENCE (Where deceased lived or institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Church Home and Hospital.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 26-36</i>			
C. Length of stay in Baltimore <i>1 hr</i>		D. STREET ADDRESS (If rural, give location) <i>1615 Humphrey St.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Aug. 11, 1951</i>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <i>—</i> If Under 1 Year Months: <i>—</i> Days: <i>—</i> If Under 24 Hours Hours: <i>—</i> Min: <i>—</i>	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
13. FATHER'S NAME <i>Fred Keplinger</i>		14. MOTHER'S MAIDEN NAME <i>Nellie Rickett</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Church Home and Hospital.</i>	

18. <i>761.5</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) <i>Immaturity</i>		DUE TO		<i>24 wk. baby</i>	
II ANTECEDENT CAUSES		(B) <i>Twins.</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) <i>Premature rupture of memb. for 1 month</i> <i>Premature separation of placenta for 6 wk.</i>			

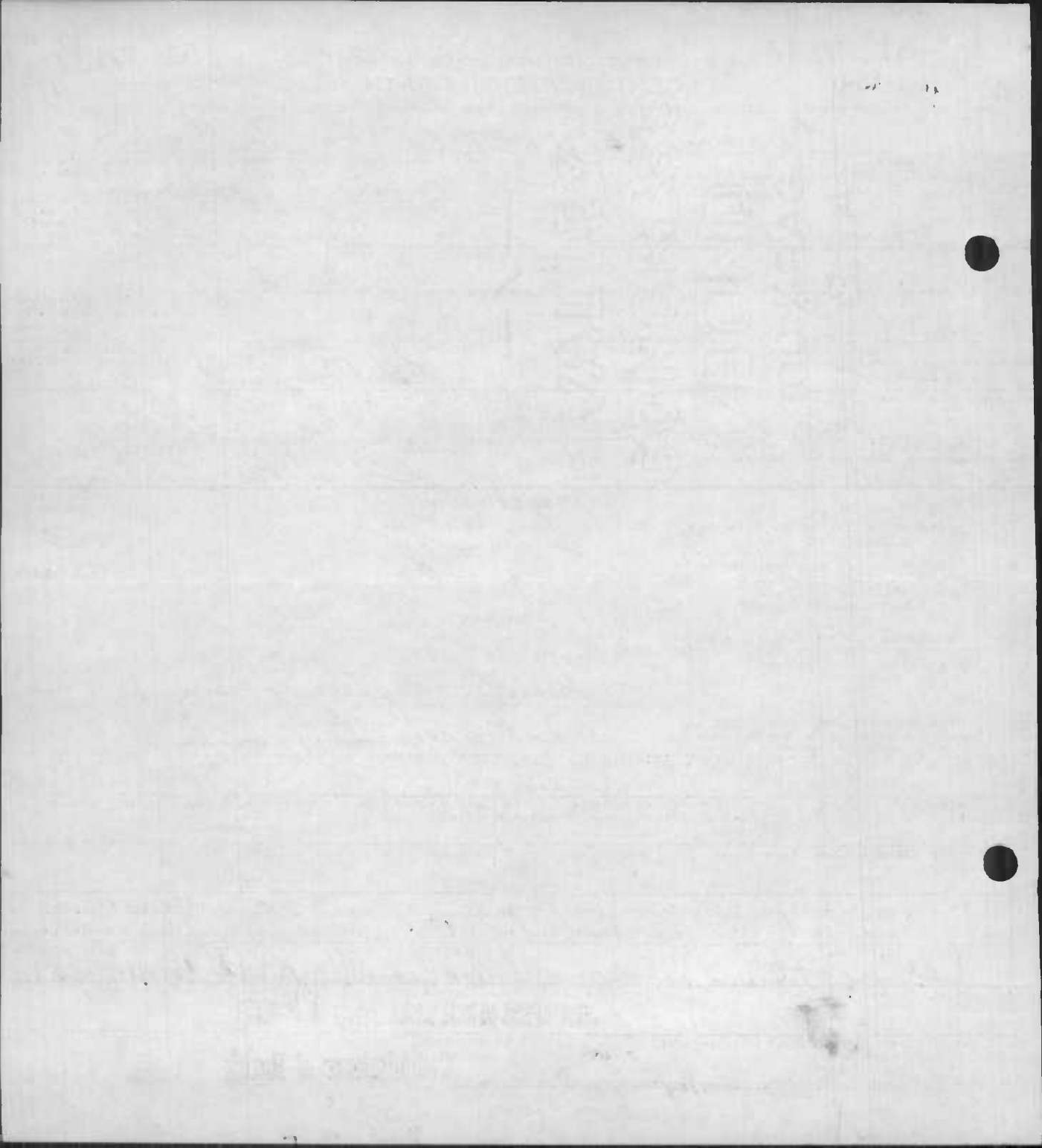
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *Aug. 11, 1951*, to *Aug. 11, 1951*, that I last saw the deceased alive on *Aug. 11, 1951*, and that death occurred at *8:20 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Dorothy C. Cusler</i>	23B. ADDRESS <i>Church Home & Hosp. Balt MD</i>	23C. DATE SIGNED <i>11 Aug 51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <i>JOHN HOPKINS MEDICAL SCHOOL</i>
		24D. LOCATION (City, town, or county) (State) <i>AUG 13 1951</i>

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
<i>AUG 16 1951</i>	<i>William H. ...</i>	<i>Commissioner of Health</i>	

160c



51 7138

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7138
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2nd Baby Girl KEPLINGER

2. DATE
OF
DEATH

Aug. 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Church Home & Hospital

4. USUAL RESIDENCE (Where deceased lived or institution: residence

A. STATE Maryland B. COUNTY Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION Church Home & Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 26-30

C. Length of stay in Baltimore

14 min

D. STREET ADDRESS (If rural, give location)

1615 Humphrey St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug. 11, 1951

9. AGE (In years,

last birthday)

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

12. CITIZEN OF

WHAT COUNTRY?

U.S.A.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

13. FATHER'S NAME

Fred Keplinger

14. MOTHER'S MAIDEN NAME

Nellie Puckett

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Church Home & Hospital

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Immaturity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Twins

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Premature separation of placenta for 6 wk.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Aug. 11, 1951, to Aug. 11, 1951, that I last saw the
deceased alive on Aug. 11, 1951, and that death occurred at 2:00 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Dorothy L. Linsberg

M. D.

Church Home & Hosp. Balt. Md. Aug. 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)

JOHN HOPKINS MEDICAL SCHOOL AUG 13 1951

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

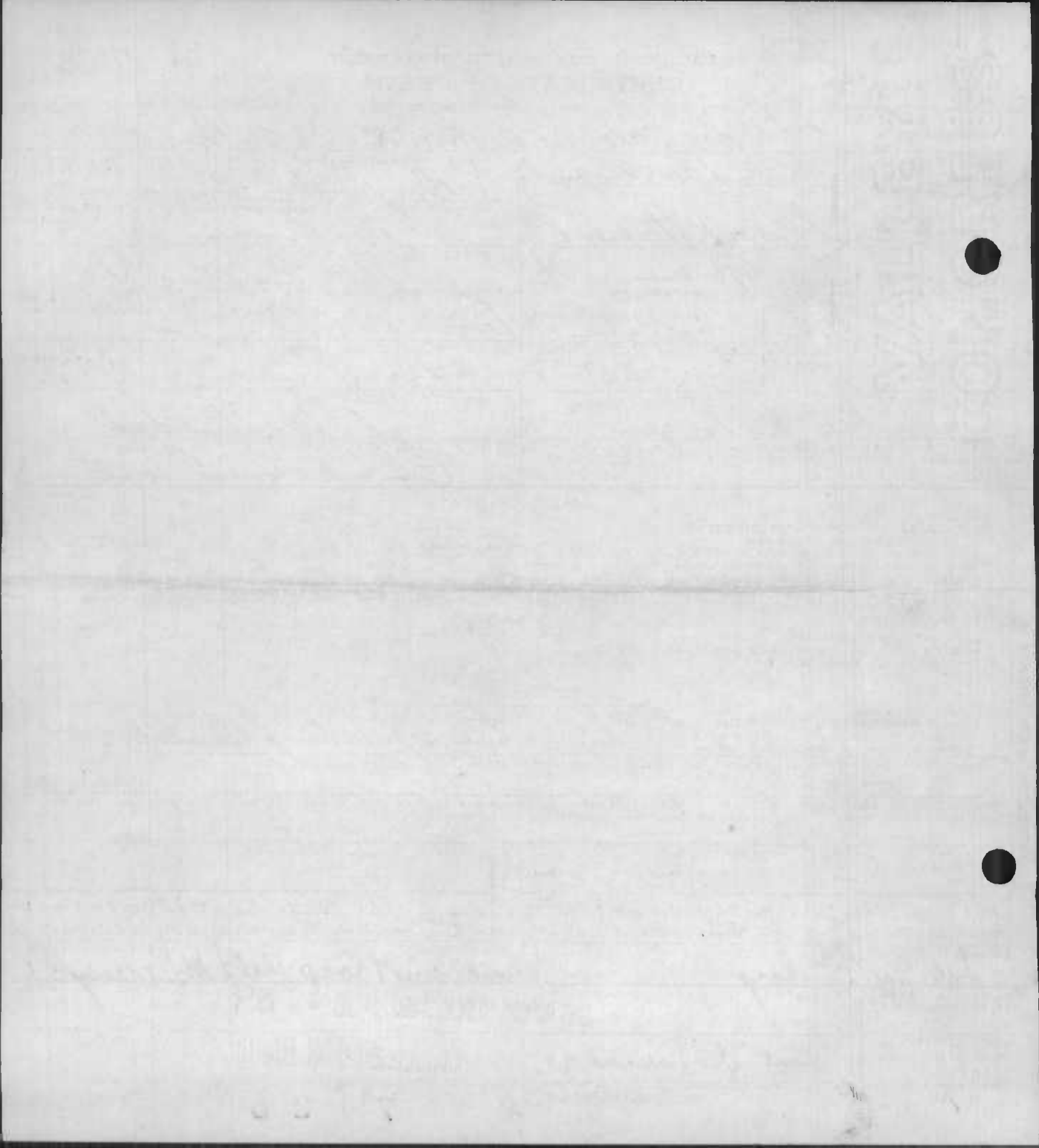
25. FUNERAL DIRECTOR

ADDRESS

AUG 16 1951

Linton Williams, M.D.

Commissioner of Health



351

51

7139

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51

7139

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Guttenberger EVA

2. DATE
OF
DEATH

15 - Aug. 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

SINAI HOSPITAL

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

42 SINAI HOSPITAL OF BALTIMORE

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 584X CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

HEART FAILURE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

COLECTECTOMY WITH

DUE TO

(C)

T. tube Drainage

INTERVAL BETWEEN
ONSET AND DEATH

Few hours

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-31, 1951, to 8-15, 1951, that I last saw the
deceased alive on 8-11, 1951, and that death occurred at 7:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

365 51 7140

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7140
Registered No.

BIRTH NO. 51-13771

1. NAME OF DECEASED
(Type or Print)

RAYMOND

STROM

2. DATE
OF
DEATH

August 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

White

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Infant

13. FATHER'S NAME

Raymond

Strom

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

3-02

D. STREET ADDRESS (If rural, give location)

732 S. Bond Street

8. DATE OF BIRTH

6-20-51

9. AGE (In years,
last birthday)If Under 1 Year
Months: Days

2

If Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Catherine Leuschel

17. INFORMANT

Raymond Strom

ADDRESS

732 S. Bond Street

✓

CAUSE OF DEATH

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Interstitial pneumonitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER
ASSISTANT MEDICAL EXAMINER
MEDICAL INVESTIGATOR

23C. DATE SIGNED

August 16, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

8-17-51

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Baltimore Co., Md.

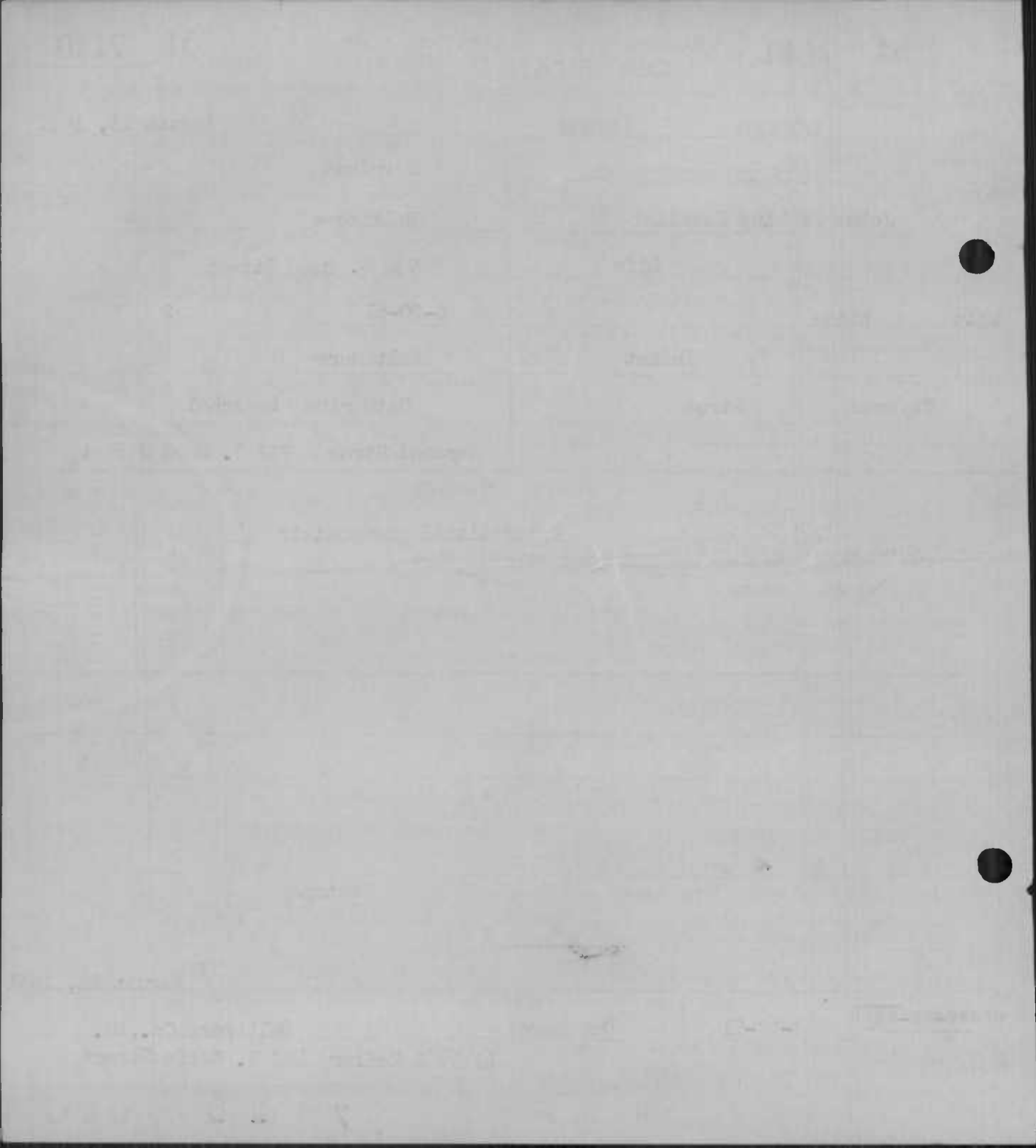
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Lilly & Zeiler 403 S. Wolfe Street

ADDRESS



51 7141

51 7141

ND-130713

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

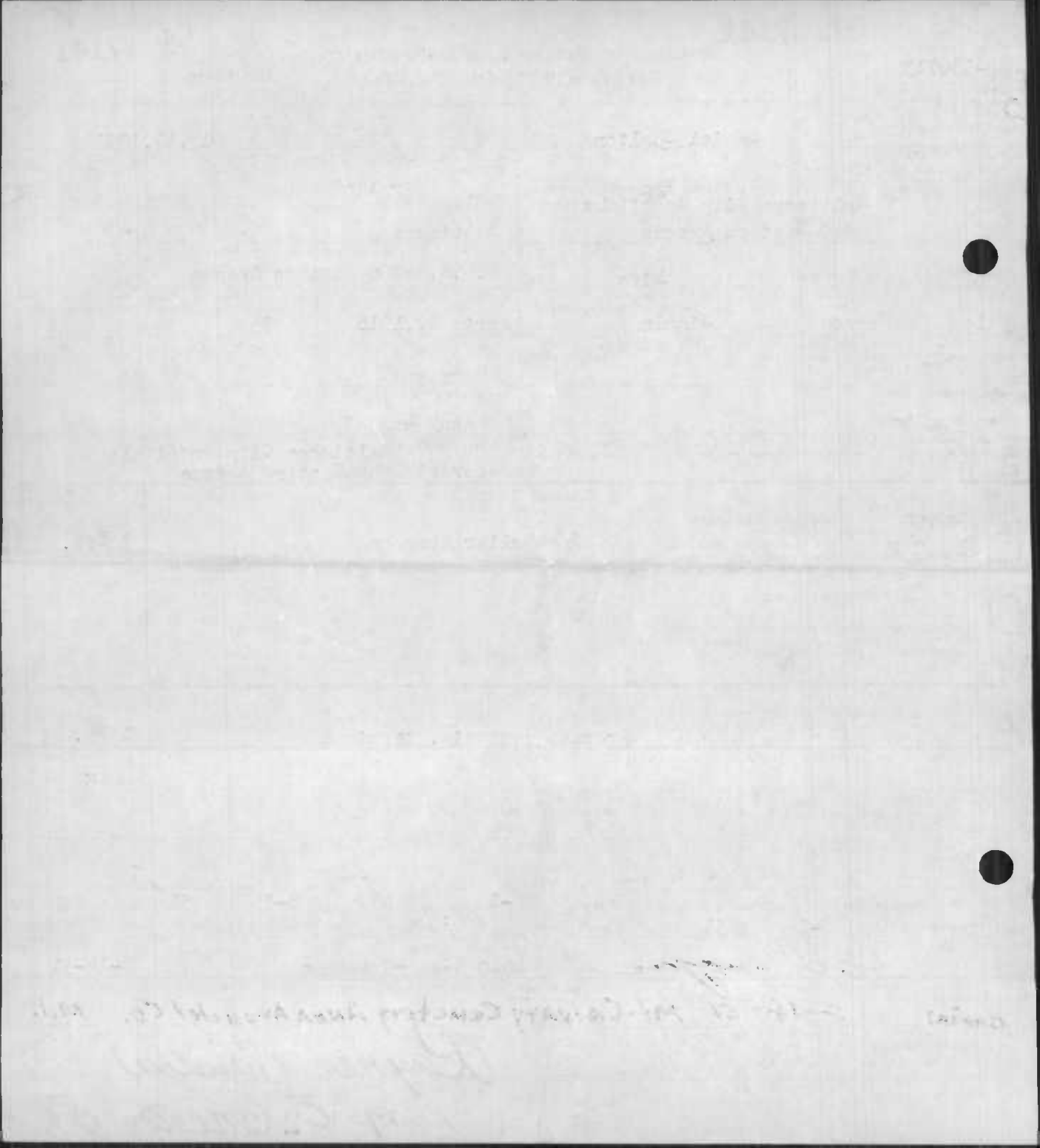
BIRTH NO.		1. NAME OF DECEASED (Type or Print) Daniel Shelton		2. DATE OF DEATH Aug. 14, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospital's 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) B.C.H. 4940 Eastern Avenue			
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 27, 1916		9. AGE (In years last birthday) 35 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Dan Shelton		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, oo or unknown		16. SOCIAL SECURITY NO.		17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue	

18. 355X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebellar Atrophy DUE TO (A) Cerebellar Atrophy (B) Antecedent Causes (C) Diseases or conditions, if any, giving rise to the above cause (A) stating the underlying condition last. Bronchopneumonia, terminal		INTERVAL BETWEEN ONSET AND DEATH 2 Yrs.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		1 Wk.

19A. DATE OF OPERATION 21		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 8-1 , 19 49 to 8-14 , 1951, that I last saw the deceased alive on 8-14 , 1951, and that death occurred at 6:30 a. m. , from the causes and on the date stated above.				
23A. SIGNATURE R. S. Logan M. D.		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 8-14-51

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 8-18-51	24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery	24D. LOCATION (City, town, or county) (State) ANNA ARUNDEL CO. Md.
DATE RECEIVED BY LOCAL REGISTRAR AUG 16 1951	REGISTRAR'S SIGNATURE Huntington Williams, Jr.	25. FUNERAL DIRECTOR Rayner Sanders 87E	

1951 0 1417 E. Preston St



51 7142

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7142
Registered No.

ND-90481

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Asa Fowlkes (Asa Fowlhes)			2. DATE OF DEATH Aug. 14, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12		
c. Length of stay in Baltimore 32 Yrs. Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) B.C.H. 4940 Eastern Avenue		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 21, 1880		9. AGE (In years last birthday) 71
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Va.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Nelson Fowlhes			14. MOTHER'S MAIDEN NAME Mary ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown		16. SOCIAL SECURITY NO.	17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue ✓		

18. 491X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bronchopneumonia (A) Subdural hematoma (over) DUE TO (B) Subdural hematoma (over) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH I Wk.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 11-1 , 19 44 to 8-14 , 1951, that I last saw the deceased alive on 8-14 , 1951, and that death occurred at 3:50 a.m. , from the causes and on the date stated above.				
23A. SIGNATURE P. S. Rogers M. D.		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 8-14-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8-17-51	24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery	24D. LOCATION (City, town, or county) (State) Anna Arundel Co Md.
DATE RECEIVED BY LOCAL REGISTRAR AUG 16 1951	REGISTRAR'S SIGNATURE William H. Williams		25. FUNERAL DIRECTOR Rayner Sanders ADDRESS 107 1412 E Preston St

See Letter in Document File from
Stanley H. Duracher, M.D., Asst Medical Examiner
directing deletion from death certificate
as not causing or contributing to death.

8/28/51

ES

432
51 7143BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

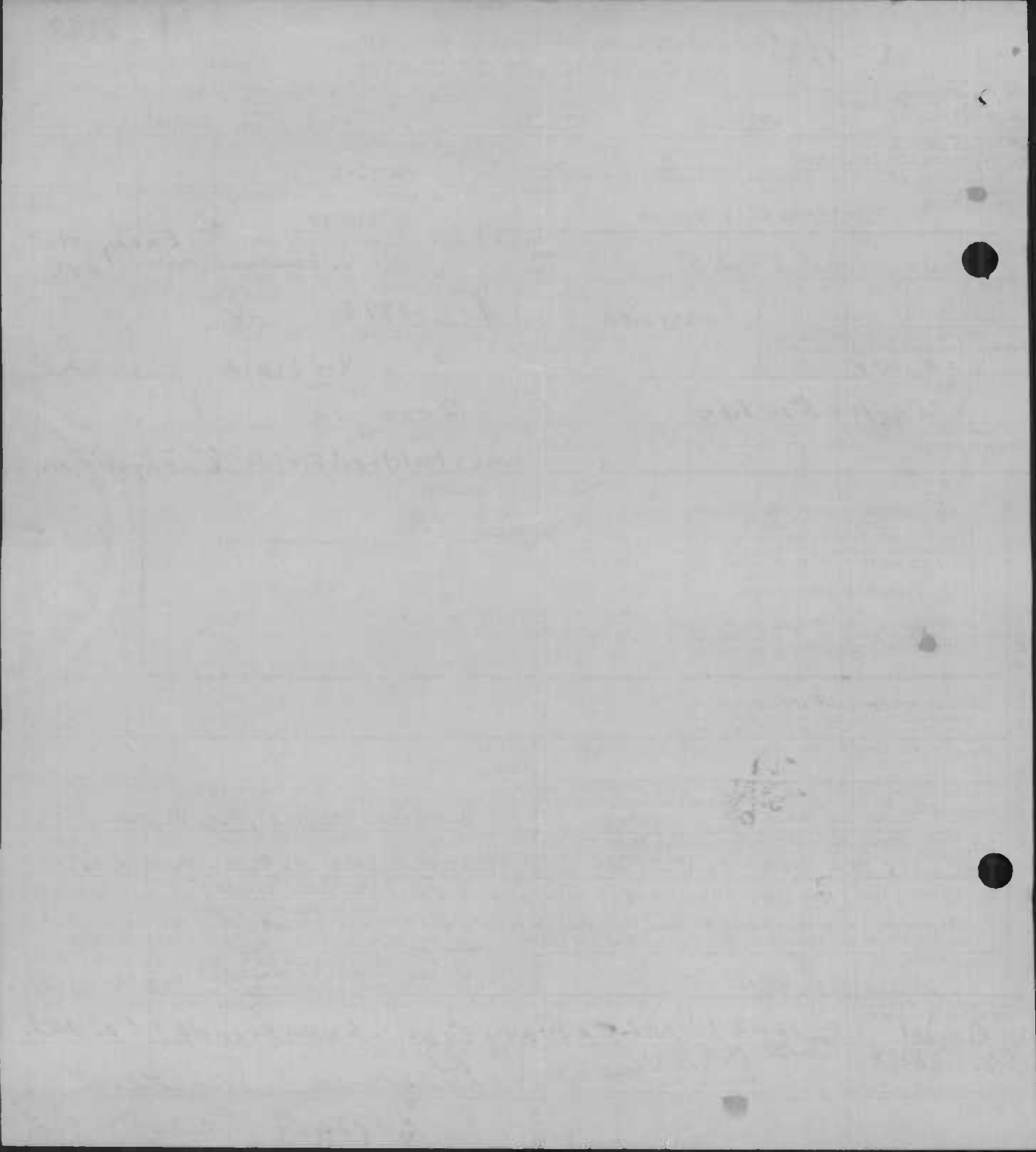
51 7143

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		WELFORD FIELDS		August 14, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Morgue				A. STATE Maryland	
C. Length of stay in Baltimore 25				B. COUNTY	
5. SEX Male				C. CITY OR TOWN Baltimore	
6. COLOR OR RACE Colored				D. STREET ADDRESS (If rural, give location) 1626 W. Fayette Street	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED				E. AGE (In years last birthday) 38	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				11. BIRTHPLACE (State or foreign country) Virginia	
10B. KIND OF BUSINESS OR INDUSTRY				12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Charles Fields				14. MOTHER'S MAIDEN NAME Georgia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ?				16. SOCIAL SECURITY NO. ?	
17. INFORMANT Mrs Mildred Fields				ADDRESS 1626 W. Fayette Ave	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) E850X I Drowning				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Water		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Bethlehem Shipyard, Key Highway 24/2	
21D. TIME (Month) (Day) (Year) (Hour) Aug. 14, 1951 9:00 A.M.		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? water Slipped & fell off float staging into	
22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William W. [Signature]		23B. CHIEF MEDICAL EXAMINER M.D. [Signature]		23C. DATE SIGNED August 14, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE SEPT-51		24C. NAME OF CEMETERY OR CREMATORY Mt. CA/VARY CEM.	
24D. LOCATION (City, town, or county) ANNA ARONDI Co. Md.		24E. FUNERAL DIRECTOR Rayner Sanders		24F. ADDRESS 183 E Preston St	

N-990X

95 1 97098 14/24 E Preston St



1-460
51 7144BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7144

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna Muller

(Anna E. Muller)

2. DATE
OF
DEATH

Aug. 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

8-12-1887

9. AGE (In years
last birthday)

65 64

10 Under 1 Year
Months: Days

0

11 Under 24 Hours
Hours: Min.

3

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Wife. (Seamstress)

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

13. FATHER'S NAME

Christopher Cunningham

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

None

16. SOCIAL
SECURITY NO.

212-05-9981

17. INFORMANT

ADDRESS

Mr. Robert H. Muller-1819 Rutland Avenue

18. 470.1 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral V.A.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Old myocardial infarction

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/12/1951 to 8/15/1951, that I last saw the
deceased alive on 8/15/1951 and that death occurred at 4:30 P.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1400 N. Caroline Street

8/15/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8-18-51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cemetery

24D. LOCATION (City, town, or county)

Balto: Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

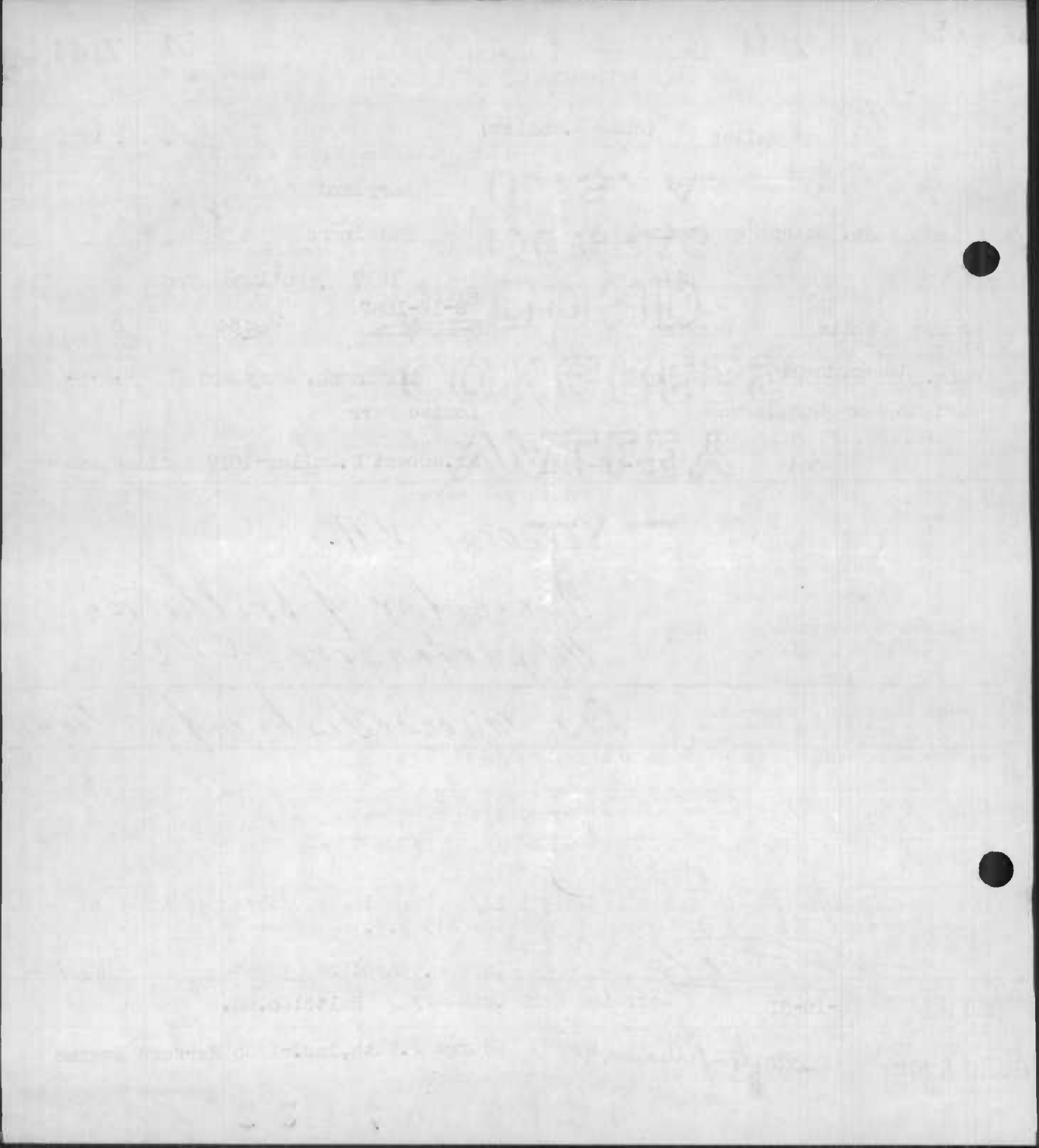
George J. Ruth, Inc.-1735 Harford Avenue

VS 150

19510007132

93D

MEDICAL CERTIFICATION



420 51 7145

51 7145

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) FOREST BOWELS (BOWLES)		2. DATE OF DEATH August 12, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18-02			
C. Length of stay in Baltimore ? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1026 W. Saratoga Street			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH ? 1901	9. AGE (In years last birthday) 50	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WAITER			11. BIRTHPLACE (State or foreign country) ROANOKE, VA.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME UNKNOWN			14. MOTHER'S MAIDEN NAME UNKNOWN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) YES (If yes, give war or dates of service) WWA I		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS C.C. Williams - Roanoke, VA.	

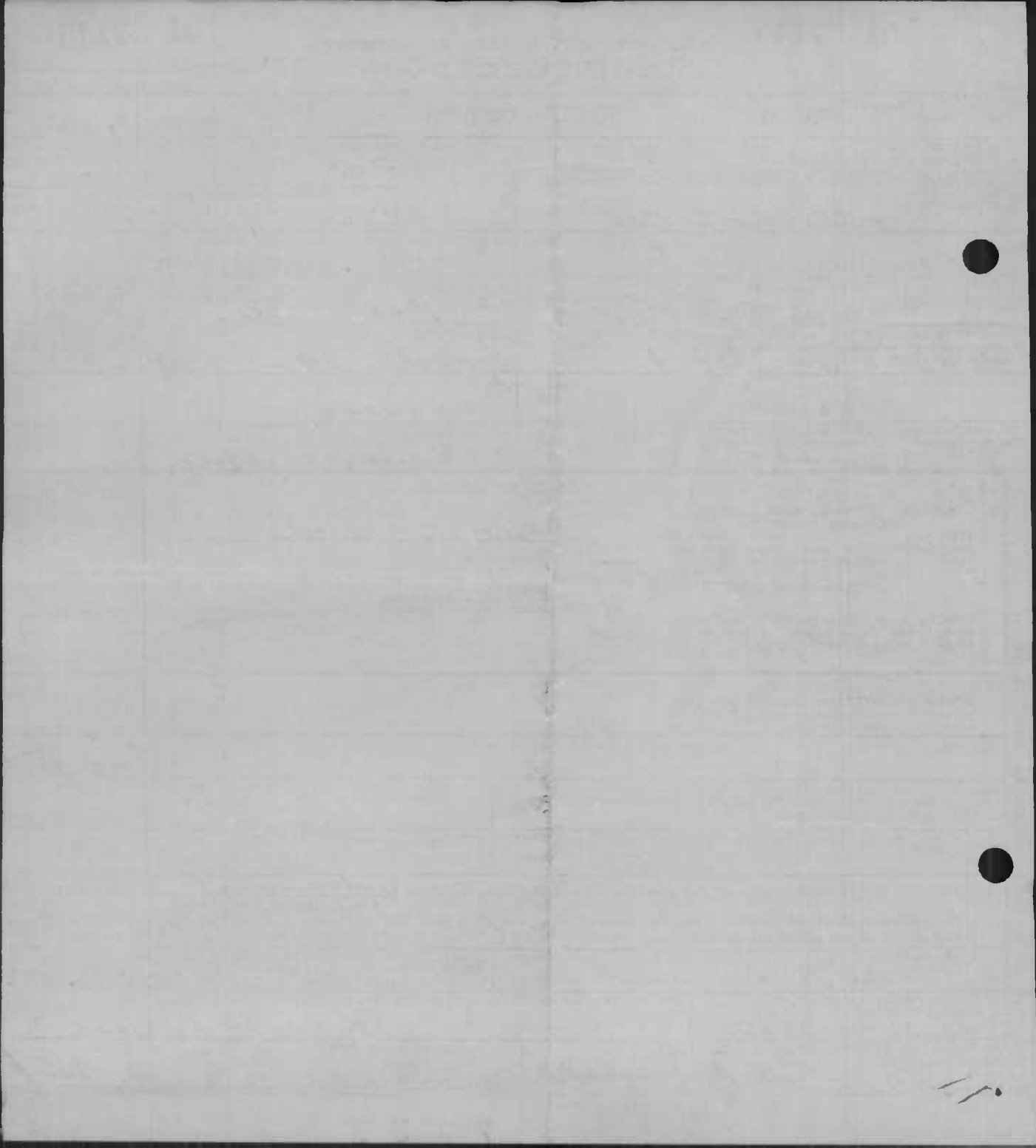
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) Coronary artery sclerosis DUE TO ANTECEDENT CAUSES Acute alcoholism DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley H. Williams</i> M.D.		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR		23C. DATE SIGNED August 13, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 8-16-51		24C. NAME OF CEMETERY OR CREMATORY ROANOKE, VIRGINIA.	

DATE RECEIVED BY LOCAL REGISTRAR AUG 16 1951		REGISTRAR'S SIGNATURE <i>Wm. A. Jackson</i>		25. FUNERAL DIRECTOR ADDRESS Wm. A. JACKSON, 916 PENNA. AVE.	
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425

51 7146

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7146

ND-135946

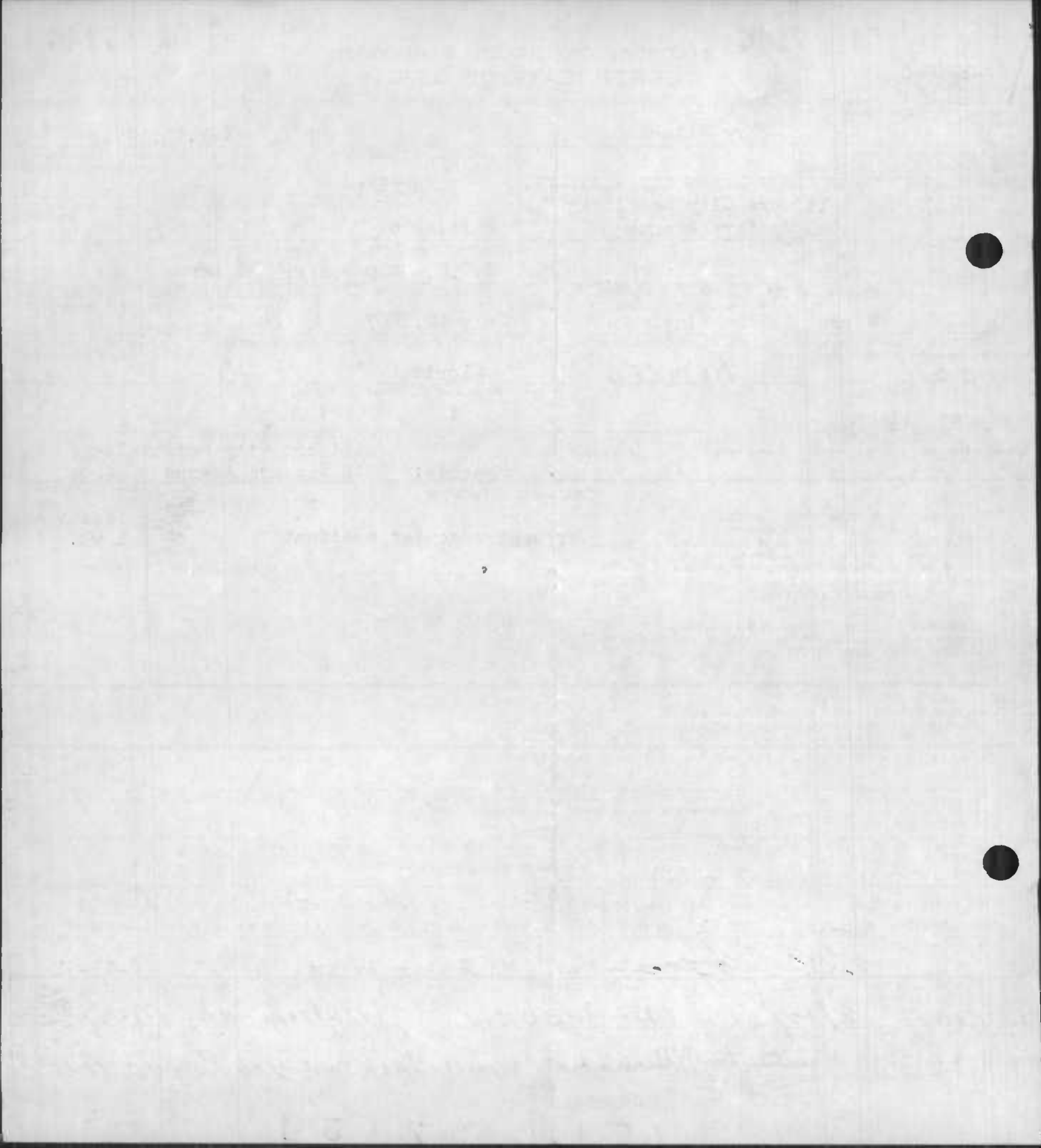
Registered No.

1. NAME OF DECEASED (Type or Print) Henry Wilson			2. DATE OF DEATH Aug. 12, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. LENGTH OF STAY IN BALTIMORE 31 Yrs.			D. STREET ADDRESS (If rural, give location) B.C.H. 4940 Eastern Avenue		
7. SEX Male	8. COLOR OR RACE Negro	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	10. DATE OF BIRTH July 10, 1867		
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK			12. AGE (In years last birthday) 84		
13. FATHER'S NAME James Wilson			14. BIRTHPLACE (State or foreign country) Florida		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. CITIZEN OF WHAT COUNTRY?		
17. SOCIAL SECURITY NO.			18. MOTHER'S MAIDEN NAME ?		
19. INFORMANT Baltimore City Hospitals			20. RECORDS: 4940 Eastern Avenue		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral vascular accident		INTERVAL BETWEEN ONSET AND DEATH less than 1 wk.
DUE TO (A) Cerebral vascular accident		
DUE TO (B) _____		
DUE TO (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 8-12-51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-20 , 19 50 , to 8-12 , 19 51 , that I last saw the deceased alive on 8-12 , 19 51 , and that death occurred at 8 p m., from the causes and on the date stated above.					
23A. SIGNATURE T. S. O'Brien		23B. ADDRESS M. D. 4940 Eastern Avenue		23C. DATE SIGNED 8-13-51	

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 8/17/51		24C. NAME OF CEMETERY OR CREMATORY MT. AUBURN		24D. LOCATION (City, town, or county) (State) BALTIMORE, MD.	
DATE RECEIVED BY LOCAL REGISTRAR AUG 16 1951		REGISTRAR'S SIGNATURE Wm. A. Jackson		25. FUNERAL DIRECTOR Wm. A. JACKSON-916 PENNA. AVE		ADDRESS	



652
51 7147

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7147
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Althea Herring

2. DATE
OF
DEATH

AUG 13 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

b. COUNTY

Md.

Baltimore

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Middle River

d. STREET ADDRESS (If rural, give location)

920 Bengies Road

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Yrs.
Mos.
Days

Female colored

married

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR
INDUSTRY

8. DATE OF BIRTH

9. AGE (in years
last birthday)

11 Under 1 Year
Months Days

11 Under 24 Hours
Hours Min.

7-29-10

41

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

Va

13. FATHER'S NAME

John Smith

14. MOTHER'S MAIDEN NAME

Carrie Wickham

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. *442 X and 154 X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

QUE TO

Nephrosclerosis of kidney

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

QUE TO

Hypertensive Cardiovascular Disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of rectum

INTERVAL BETWEEN
ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from *6-20-*, 19*51*, to *8-13-*, 19*51*, that I last saw the
deceased alive on *8-13-*, 19*51*, and that death occurred at *123 A* m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

Walter A. Cochran Jr.

M. D.

JOHNS HOPKINS HOSPITAL 8-13-51

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

BURIAL

8/16/51

MT. AUBURN

BALTIMORE, MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR SIGNATURE

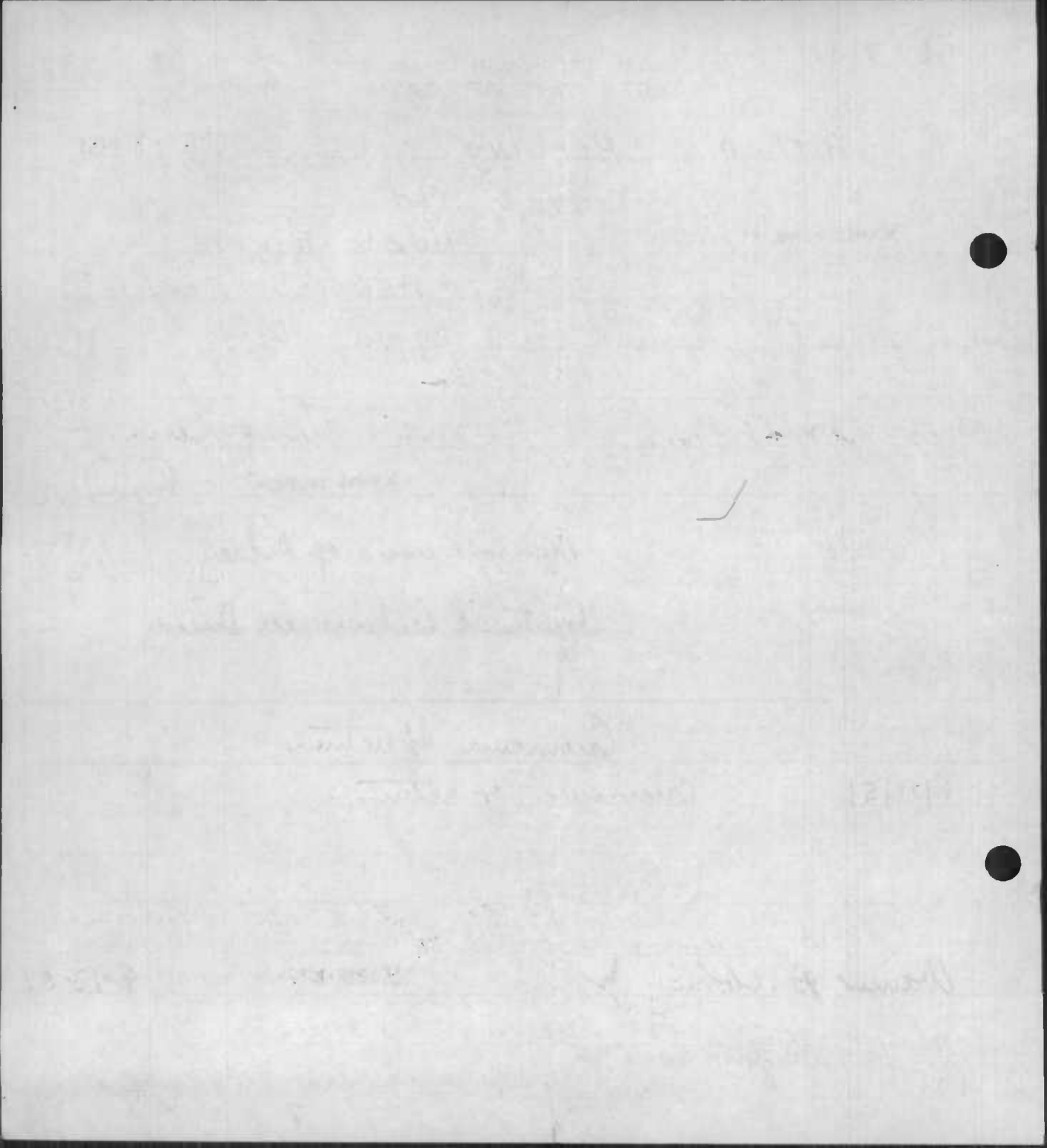
25. FUNERAL DIRECTOR

ADDRESS

Wm. A. Jackson

916 PENNA. AVE

AUG 16 1951



465
51 7148BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7148
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Sister Sarah Holleran</i>			2. DATE OF DEATH <i>8-14-57</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>6420 Reisterstown Rd. Balto</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Frederick</i>					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>The Seton Institute</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Emmitsburg, Maryland</i>					
c. Length of stay in Baltimore <i>2 Yrs. 15 Mos. 15 Days</i>			D. STREET ADDRESS (If rural, give location) <i>Emmitsburg, Maryland</i>					
5. SEX <i>F</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>Nov. 1, 1893</i>		9. AGE (In years last birthday) <i>77</i>		10. Under 1 Year Months: <i>9</i> Days: <i>13</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Daughter of Charity of St. V. M. P.</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Catholic Sister</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Patrick Holleran</i>			14. MOTHER'S MAIDEN NAME <i>Bridget Golden</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>			16. SOCIAL SECURITY NO. <i>None</i>			17. INFORMANT ADDRESS <i>The Seton Institute, Balto. 15, Md.</i>		
18. <i>420.1.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) <i>Coronary Thrombosis</i> DUE TO (B) <i>General Arterio-sclerosis</i> DUE TO (C) <i>1 day</i> <i>10 yrs.</i>			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <i>5/29</i> , 19 <i>51</i> , to <i>8/15</i> , 19 <i>51</i> ; that I last saw the deceased alive on <i>8/14</i> , 19 <i>51</i> , and that death occurred at <i>11:30 a.m.</i> , from the causes and on the date stated above.								
23A. SIGNATURE <i>Danman P. Alajis</i>			23B. ADDRESS <i>3336 Frederick Ave</i>			23C. DATE SIGNED <i>8/15/51</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Aug-17-1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Seton Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Seton Institute - Balto. Md.</i>		
DATE RECEIVED LOCAL REGISTRAR <i>AUG 16 1951</i>		REGISTRAR'S SIGNATURE <i>William M. Stewart</i>		25. FUNERAL DIRECTOR <i>Monahan Co., 108 W. North Ave</i>		ADDRESS		

51 102071 Btp #1. 94a

51 7149

BALTIMORE CITY HEALTH DEPARTMENT

51 7149

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Emory Towers

2. DATE

OF

DEATH August 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

26-01

D. STREET ADDRESS (If rural, give location)

5913 Marluth Avenue

C. Length of stay in Baltimore

40yr.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 20, 1951

9. AGE (In years last birthday)

59

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Unemployed Carpenter, Car Tax, Lumber Co

10B. KIND OF BUSINESS OR INDUSTRY

Employer of

11. BIRTHPLACE (State or foreign country)

Kent County, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

WM Towers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

318-05-1802 Mrs W E Towers 5913 Marluth Ave

17. INFORMANT

ADDRESS

18. E 903.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Post-operative pneumonia, bilateral

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

7 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CERTIFICATION APPROVED BY

DUE TO

CHIEF OR ASST. MEDICAL EXAMINER

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pre-renal azotemia

2 days

Fractured neck, right femur

19 days

19A. DATE OF OPERATION

Aug. 10, 1951

19B. MAJOR FINDINGS OF OPERATION

Fracture neck of right femur

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

5913 Marluth Avenue

26/1

21D. TIME (Month) (Day) (Year) (Hour) INJURY

Aug. 2, 1951

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Slipped and fell to floor
Dizziness led to fall

22. I hereby certify that I attended the deceased from 8/9/1951 to 8/15/1951, that I last saw the deceased alive on 8/15/1951, and that death occurred at 10:30AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

M. D.

1400 N. Caroline

23C. DATE SIGNED

8/15/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

8/18/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem

24D. LOCATION (City, town, or county)

Balto

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Larsahn Funeral Home 7401 Belair Rd.

AUG 16 1951

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MEDICAL CERTIFICATION

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51 7150

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EDWARD E. AIGLEY			2. DATE OF DEATH 8/14/51		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MD B. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION 1733 E. LANVALE ST.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 2-06		
c. Length of stay in Baltimore			d. STREET ADDRESS (If rural, give location) 1733 E. LANVALE ST		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 11-1882	9. AGE (In years last birthday) 68	10. Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECH.		10b. KIND OF BUSINESS OR INDUSTRY JARMON. MOTORS		11. BIRTHPLACE (State or foreign country) BALTIMORE MD	
13. FATHER'S NAME EDWIN			14. MOTHER'S MAIDEN NAME NOT KNOWN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS ELLA N. Aigley 1733 E. LANVALE ST	

18. 332X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Cerebral thrombosis DUE TO (B) Cerebral arteriosclerosis DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 1 week 2 year
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

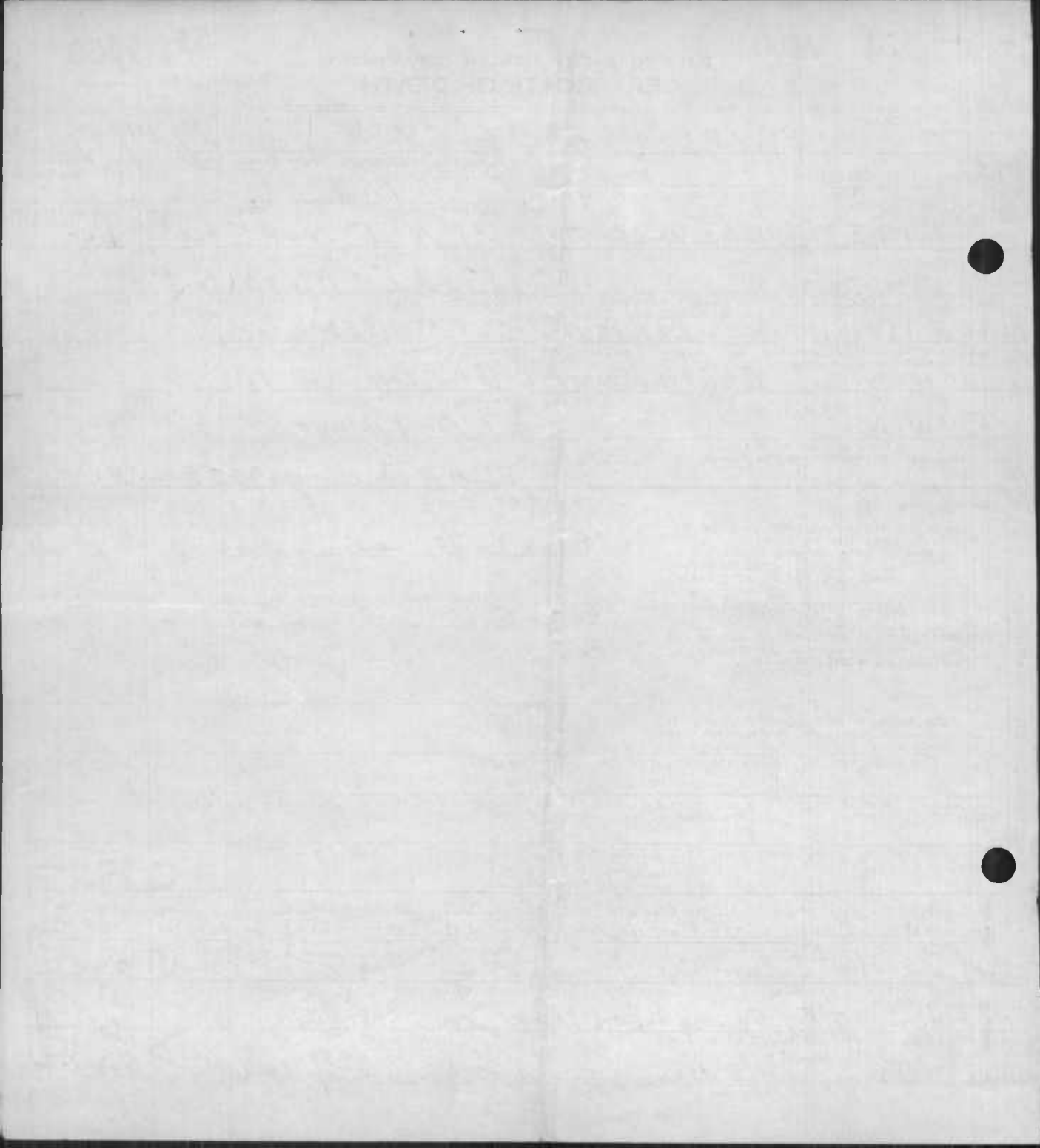
22. I hereby certify that I attended the deceased from **Aug 29, 1951**, to **Aug 14, 1951**, that I last saw the deceased alive on **Aug 13, 1951**, and that death occurred at **11:45** m., from the causes and on the date stated above.

23A. SIGNATURE **Wm. H. Brenner** M. O. **1520 E. 33rd St.** 23B. ADDRESS 23C. DATE SIGNED **8.14.51**

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 8/17/51		24C. NAME OF CEMETERY OR CREMATORY LOUDON PARK CEMETERY BALTO.		24D. LOCATION (City, town, or county) (State) MD	
DATE RECEIVED BY LOCAL REGISTRAR AUG 16 1951		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Clarence F. Hoffmann		ADDRESS 18399 Broadway	

VS 150 55108J 83B

MEDICAL CERTIFICATION



623
51 7151BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7151
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Lillian Brissett.</i>		2. DATE OF DEATH <i>August 13, 1957</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>228 N. Gilman St</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 19-02</i>			
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) <i>228 N. Gilman St</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>November 18, 1902</i>	9. AGE (In years last birthday) <i>48</i>	If Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Kent County, Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Levi Black.</i>		14. MOTHER'S MAIDEN NAME <i>Eleanor Thomas.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mrs. Eleanor Black. 228 N. Gilman St</i>	

18. *443 X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Acute congestive heart failure*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Hypertension*
DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION <i>0</i>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July 29, 1957</i> to <i>August 12, 1957</i> , that I last saw the deceased alive on <i>August 12, 1957</i> , and that death occurred at <i>3:38 p.m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>W. L. Anderson</i>		23b. ADDRESS <i>1612 Edmondson Ave</i>		23c. DATE SIGNED <i>8-10-57</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>August 17, 1957</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Arbutus Memorial</i>	
24d. LOCATION (City, town, or county) (State) <i>Arbutus, Md.</i>		24e. FUNERAL DIRECTOR <i>Mrs. Katie B. Williams</i>		24f. ADDRESS <i>322 N. Schenck St</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 16 1957</i>		REGISTRAR'S SIGNATURE <i>W. L. Anderson</i>		25. FUNERAL DIRECTOR <i>Mrs. Katie B. Williams</i>	

51 7152

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7152
Registered No.

BIRTH NO. R-300

1. NAME OF DECEASED
(Type or Print)

FREDIE

REED

2. DATE
OF

DEATH August 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

315 N. Carey St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

August 12, 1900

9. AGE (In years
last birthday)

51

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Charlotte County Va.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

William Keene.

14. MOTHER'S MAIDEN NAME

Virgie Keene.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

William Keene. 939 W. Saratoga St.

18.

241X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchial asthma

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

August 13, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

August 16, 1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS 322

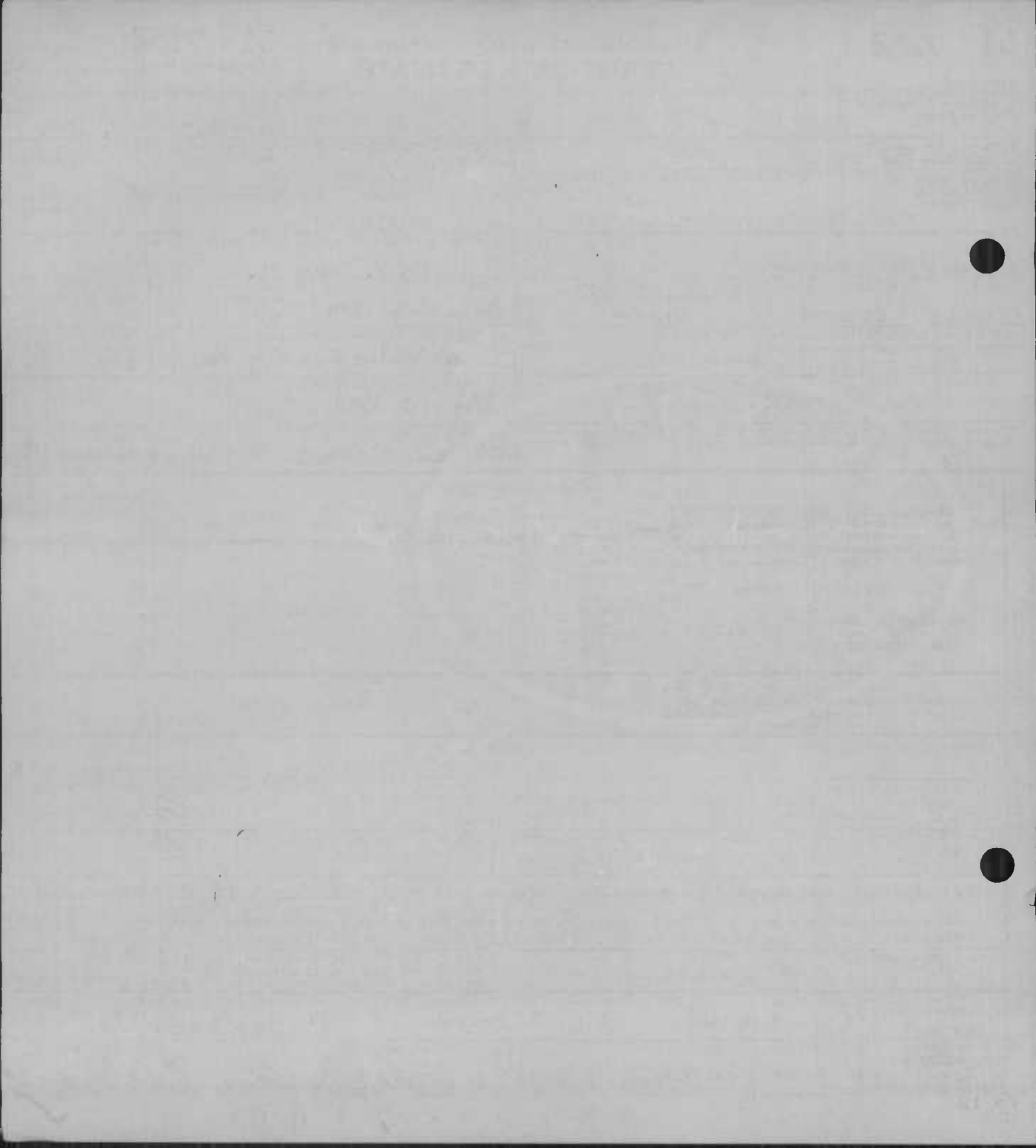
AUG 18 1951

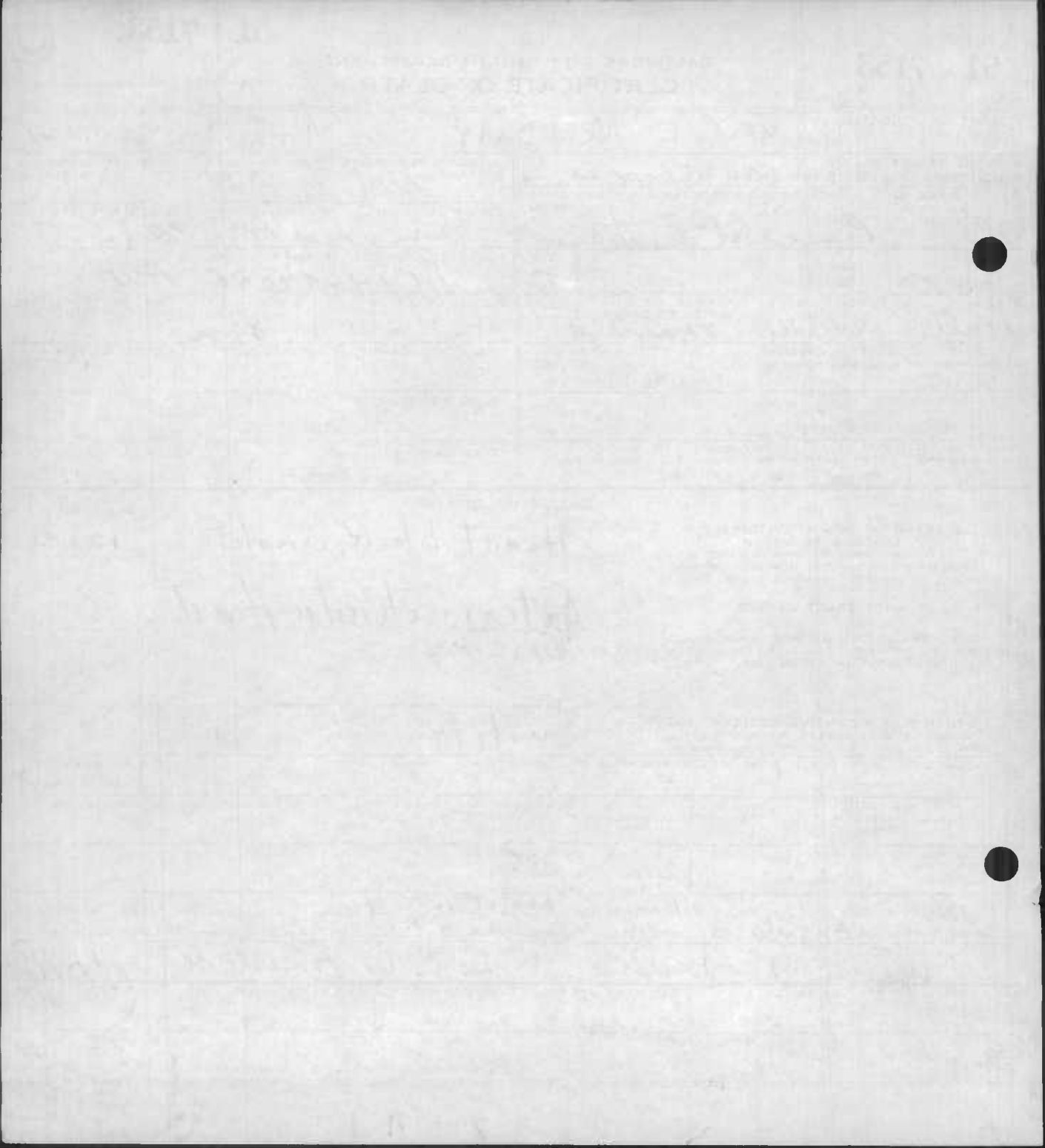
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95 7208A 7 1 4 0

112 ✓

MEDICAL CERTIFICATION





D 400
51 7154

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7154

Registered No.

BIRTH NO.

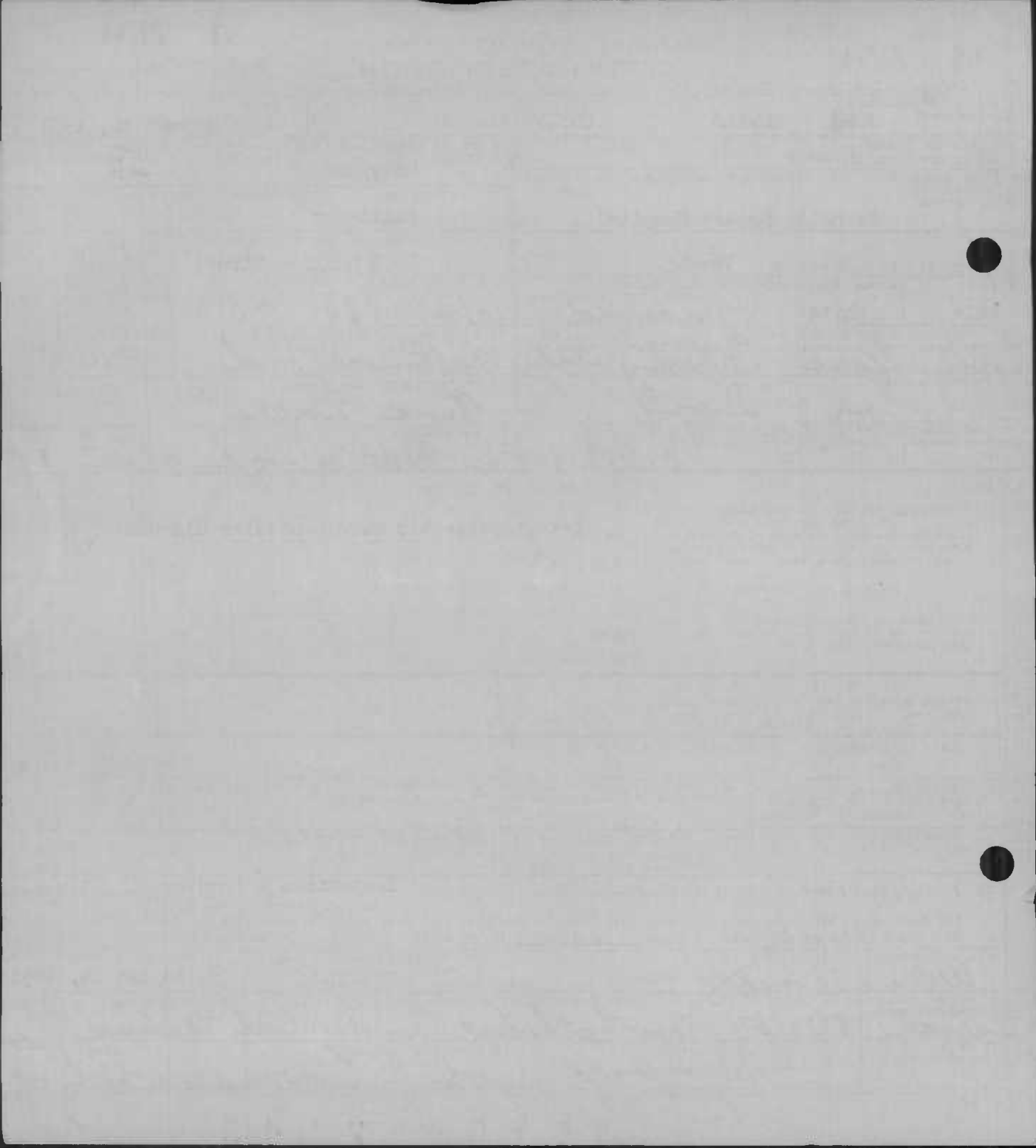
1. NAME OF DECEASED (Type or Print) JOHN EDWARD DOYLE		2. DATE OF DEATH August 16, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1003 Hollins Street 18-03	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/2/1880
10A. USUAL OCCUPATION (Give kind of work done during the most of working life, even if retired) Schauffeur		10B. KIND OF BUSINESS OR INDUSTRY Funeral Directing Bnd.	9. AGE (In years last birthday) 70 If Under 1 year Months: Days If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William J. Doyle		14. MOTHER'S MAIDEN NAME Anna Fagen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) -		16. SOCIAL SECURITY NO. 212-03-8945	
17. INFORMANT Mrs Violet M. Doyle 3603 S. St.		ADDRESS	

18. 4221 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William H. Wood	23B. CHIEF MEDICAL EXAMINER... ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR... M.D. [Signature]	23C. DATE SIGNED August 16, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8/20/51	24C. NAME OF CEMETERY OR CREMATORY How Cathedral Cem
DATE RECEIVED BY LOCAL REGISTRAR AUG 18 1951	REGISTRAR'S SIGNATURE Washington Williams, M.D.	24D. LOCATION (City, town, or county) (State) 4300 Old Frederick Rd. Baltimore, Md.
25. FUNERAL DIRECTOR John J. Cowan & Son		ADDRESS Hollins



51 7155

B173

51 7155

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BABILIUTE, ONA

2. DATE
OF
DEATH

8-15-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Franklin Sq. Hospital

C. Length of stay in Baltimore

4 5 yrs

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

819 Hollins St 18-03

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Work

10B. KIND OF BUSINESS OR INDUSTRY

at home

13. FATHER'S NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

August 18, 1894

9. AGE (In years last birthday)

73

If Under 1 Year Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)

Lithuania

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Unknown

17. INFORMANT

Mrs Anna Heiger Hollins St

18. 420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Arteriosclerotic heart disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Generalized arteriosclerosis

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

?

MEDICAL CERTIFICATION

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID INJURY OCCUR?
(If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-8, 1951, to 8-15, 1951, that I last saw the deceased alive on 8-15, 1951, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Bohannon

M. D.

23B. ADDRESS

Franklin Sq. Hosp.

23C. DATE SIGNED

8-15-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8/18/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

4410 Belair Rd

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

John J. Cowan & Son Hollins

ADDRESS

100

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

100

PLANT INDUSTRY



51 7156

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7156

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Catherine O'Meara (O'MEARA)

2. DATE
OF
DEATH

Aug 14 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital Inc

C. Length of stay in Baltimore

60

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5910 Bellona Ave

8. DATE OF BIRTH

?

9. AGE (in years
last birthday)

81

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

—

13. FATHER'S NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO

16. SOCIAL SECURITY NO.

?

17. INFORMANT

Mr. John O'Meara - 5910 Bellona Ave

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Diabetes Mellitus,
with Infection
Gangrene, Left Foot.

(B)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Heart Failure

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 11, 1951, to Aug 14, 1951, that I last saw the deceased alive on Aug 14, 1951, and that death occurred at 5:15 A.M. from the causes and on the date stated above.

23A. SIGNATURE

Edw. H. Lyle

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

Aug 14, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)8-17-51
DATE RECEIVED BY
LOCAL REGISTRAR

24B. DATE

Burial

REGISTRAR'S SIGNATURE

T. J. Williams, M.D.

24C. NAME OF CEMETERY OR CREMATORY

CATHEDRAL CEM.

24D. LOCATION (City, town, or county)

City

(State)

25. FUNERAL DIRECTOR

Hiddefield & Son

ADDRESS

Speedway Ave & 22nd St.

AUG 16 1951

19510007144

061.0

MEDICAL CERTIFICATION

#3. 2.

51

7157 M-220

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51

7157

BIRTH NO.

U. 462

Registered No.

1. NAME OF DECEASED
(Type or Print)

MARGARET O. ULRICH -- MAKOSKI

2. DATE
OF
DEATH

Aug. 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3317 Lawnview Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland B. COUNTY before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1330 N. Luzerne Avenue

c. Length of stay in Baltimore

54 Years

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Nov. 28, 1878

9. AGE (In years
last birthday) If Under 1 Year
Months Days If Under 24 Hours
Hours Min.

72

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Getmany

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT 1330 N. Luzerne Avenue
Herman O Makosky

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/12, 1951, to 8/14, 1951, that I last saw the
deceased alive on 8/14, 1951 and that death occurred at 11:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Julius H. Goodman M. D.

23B. ADDRESS

3400 E. Balto. St.

23C. DATE SIGNED

8/15/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

cremation

24B. DATE

8/17/51

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Eugene H. Williams, Jr.

25. FUNERAL DIRECTOR'S

HENRY SANDER & SONS, INC
BALTO., 13, MD.

ADDRESS

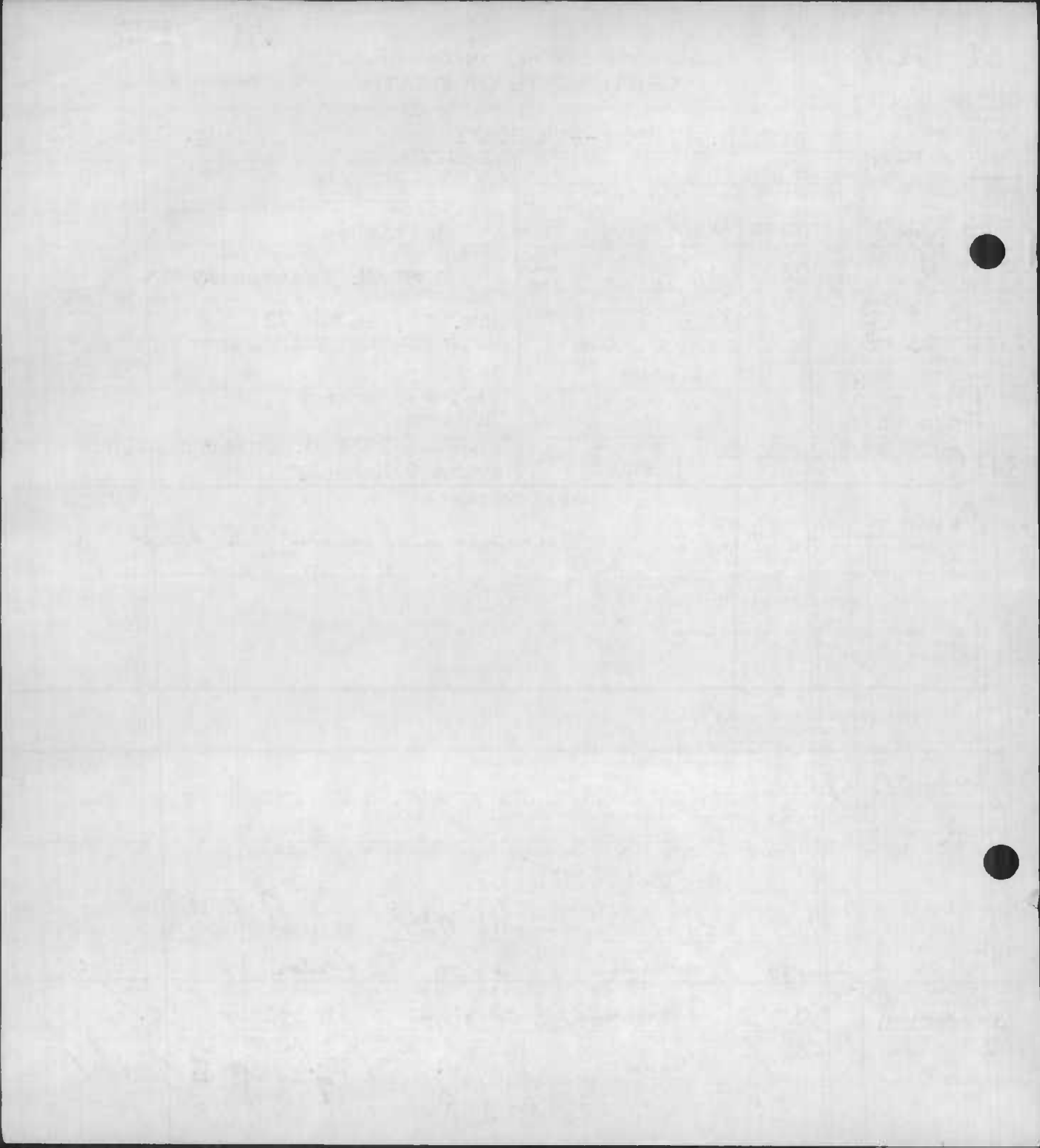
Henry S. Sander

VS 150

51000

046F

MEDICAL CERTIFICATION



51 7158

51 7158

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. <i>K-624</i>			
1. NAME OF DECEASED (Type or Print) <i>MARIE LILLIAN KRESSLEY</i>		2. DATE OF DEATH <i>8-16-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Union Memorial Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore</i> <i>8-01</i>	
C. Length of stay in Baltimore <i>Life</i> ? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>3167 Ravenwood Ave.</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct 9, 1891</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	9. AGE (In years last birthday) <i>59</i>
13. FATHER'S NAME <i>Fred Kerner</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
16. SOCIAL SECURITY NO. <i>N/A</i>		14. MOTHER'S MAIDEN NAME <i>Annie Pettig</i>	
17. INFORMANT <i>3167 Ravenwood Avenue</i> <i>Mr. John O. Kressley</i>			

18. <i>443X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Encephalomalacia</i> DUE TO (A) <i>Encephalomalacia</i> 15 yrs.	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertensive cardiovascular disease</i> DUE TO (B) <i>Hypertensive cardiovascular disease</i> ?		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

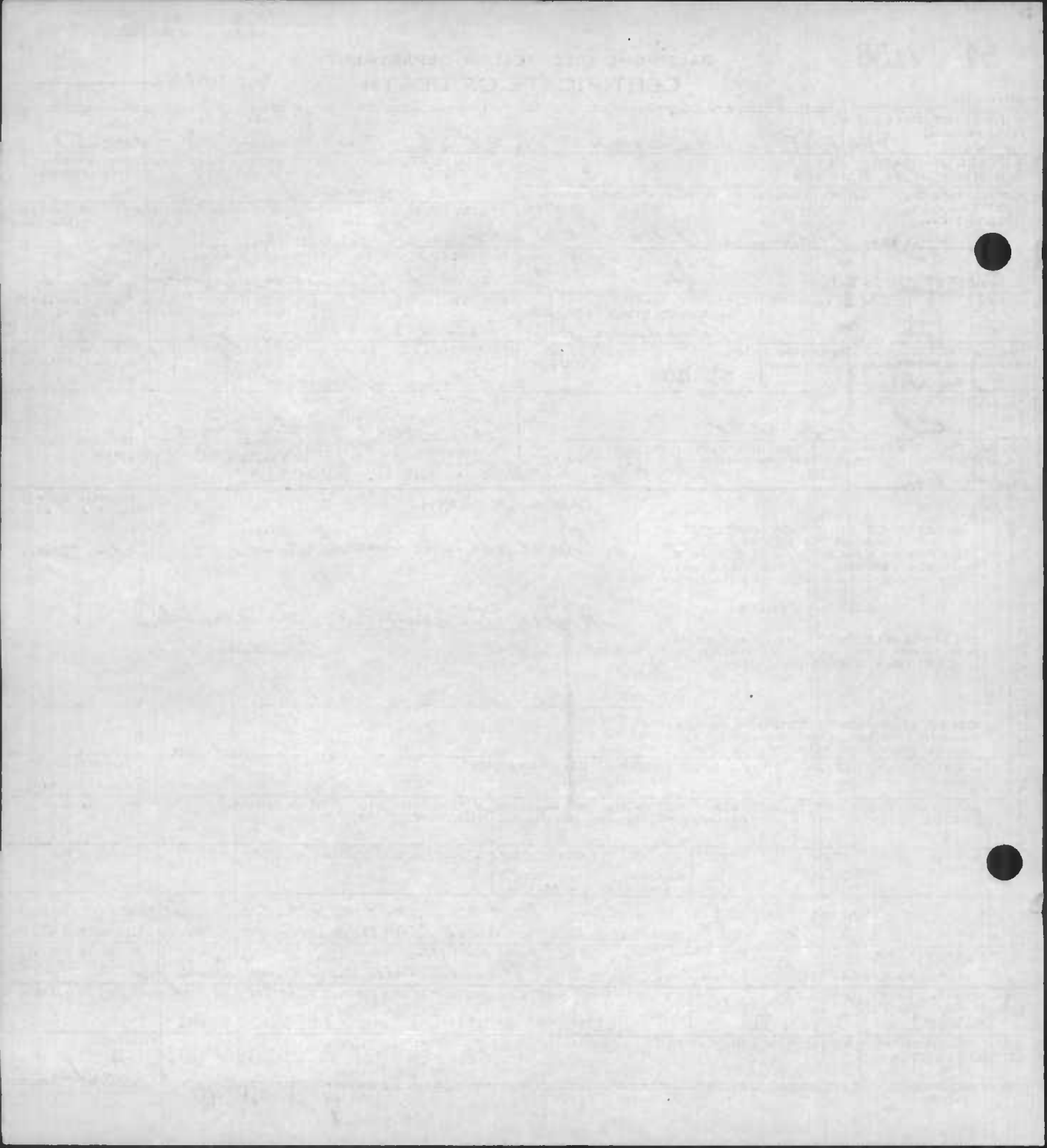
19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

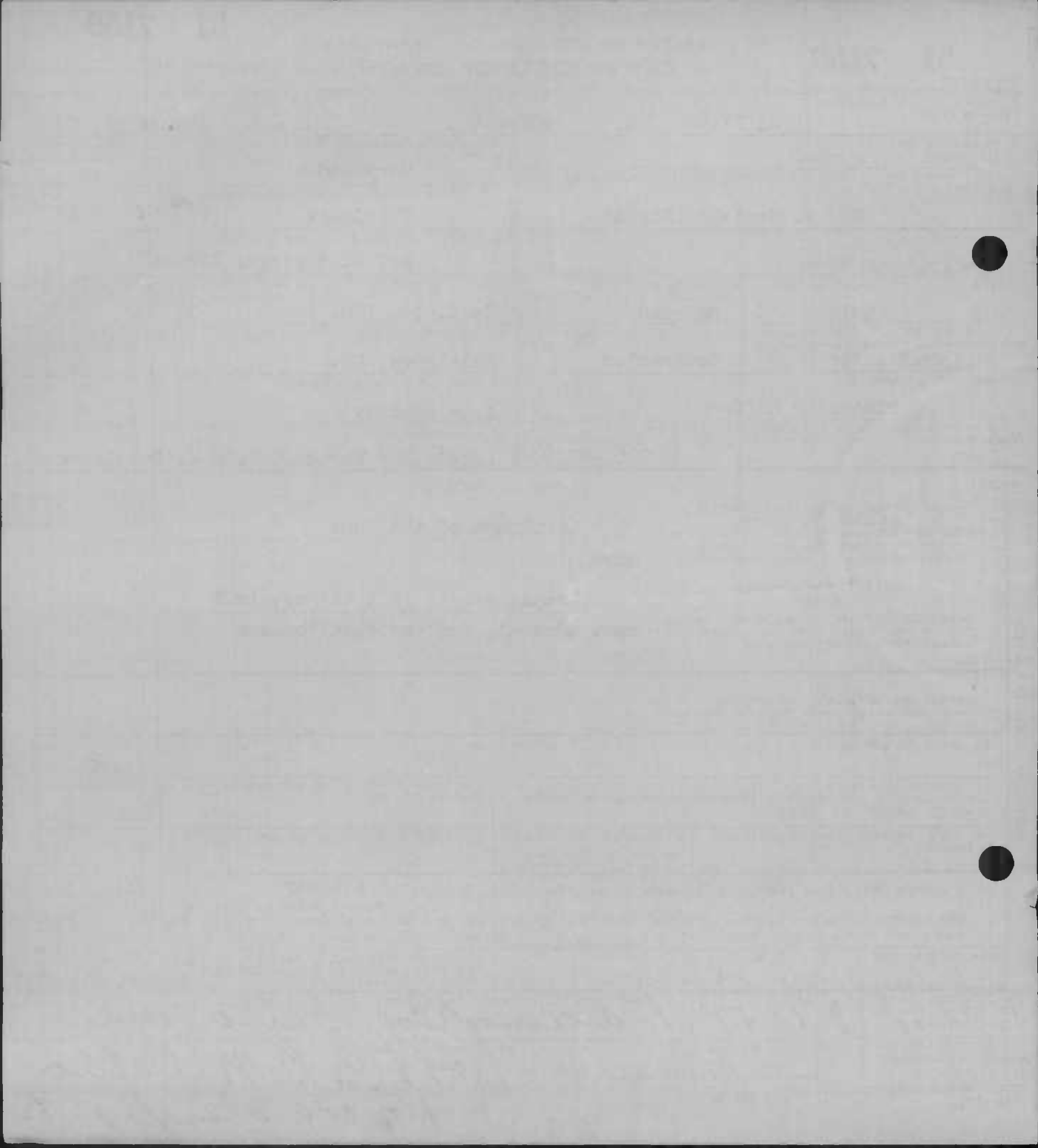
22. I hereby certify that I attended the deceased from *7-12*, 19*51*, to *8-16*, 19*51*, that I last saw the deceased alive on *8-16*, 19*51*, and that death occurred at *12:30 AM.*, from the causes and on the date stated above.

23A. SIGNATURE *Waverly S. Green, Jr.* M. D. 23B. ADDRESS *Union Memorial Hosp., Balt., Md.* 23C. DATE SIGNED *8-16-51*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24B. DATE <i>8/20.51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore National</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md</i>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Waverly S. Green, Jr.</i>	25. FUNERAL DIRECTOR <i>HENRY SANDER & SONS, INC</i> <i>BALTO. 13, MD.</i>	
		ADDRESS <i>Henry Sander</i>	

19510207312





200
51 7160BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7160
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM S. MAUK

2. DATE
OF
DEATH

August 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Maryland General Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday) If Under 1 Year Months Days If Under 24 Hours Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

base station attendant

13. FATHER'S NAME

Martin F. Mauk

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

W.W. 2

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Martha Dom

Maryland

18. 42011 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary artery sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

August 14, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

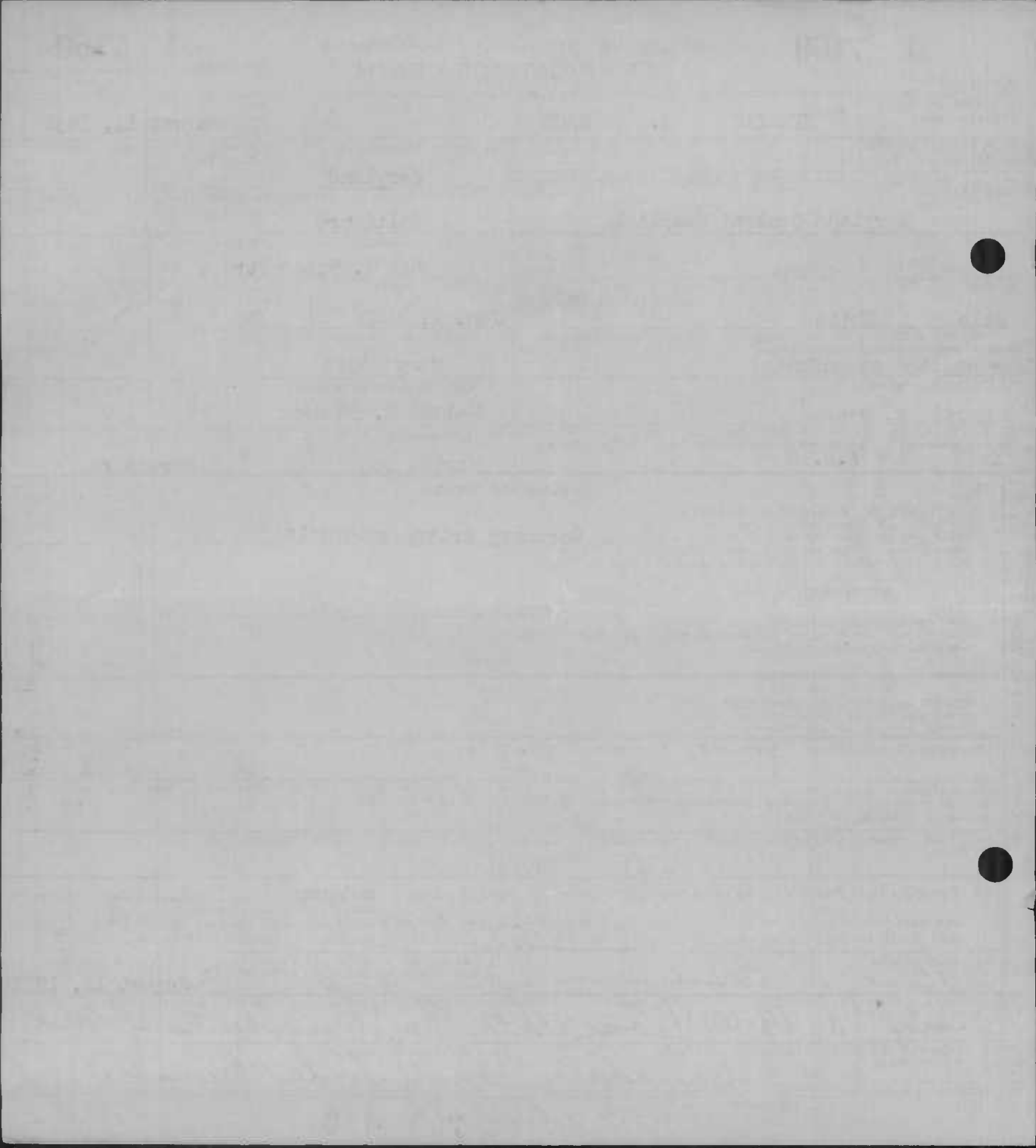
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

6216K 701 48094a md



51 7161

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7161

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN VALIS

2. DATE
OF
DEATH

8-14-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

924 N. PATTERSON PK. AVE

SIXTY

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

924 N. PATTERSON PK. AVE. 703

MALE

WHITE

MARRIED

8. DATE OF BIRTH

4-28-1872

9. AGE (in years last birthday)

79

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

TAILOR

10B. KIND OF BUSINESS OR INDUSTRY

MENS CLOTHING

11. BIRTHPLACE (State or foreign country)

BOHEMIA

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JOHN VALIS

14. MOTHER'S MAIDEN NAME

ANNA DEDOUCH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

BARBARA VALIS-924 N. PATTERSON PK.

18. 470.1 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Generalized Arterio sclerosis

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 days

?

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertrophied Prostate

2 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1949, to Aug 14, 1951, that I last saw the deceased alive on 8/13, 1951, and that death occurred at 6:4 m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph Pokorny

M. D.

23B. ADDRESS

2200 E Madison St

23C. DATE SIGNED

8/14/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

8-17-51

HOLY REDEEMER

BALTIMORE 6 MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

FRANK CVACH & SON-900 N. CHESTER ST

AUG 17 1951

VS 150

95100071 100/4a

MEDICAL CERTIFICATION

11 NOV 1954
11 NOV 1954

MARYLAND
Y. A. PATTERSON JR. MD. CALTIMORE
STATE

WHITE WHITE MARRIED
MEM. CLOTHES
TOMERIA

ANNIE E. DOWD
ANNIE E. DOWD

George Thompson
George Thompson

George Thompson
George Thompson

George Thompson
George Thompson

George Thompson
George Thompson

George Thompson
George Thompson

-452 51 7162

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 7162

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HATTIE WILLIAMS

2. DATE
OF
DEATH

8/13/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

MERCY Hosp.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

MD.

B. COUNTY

Harford

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore. BEL AIR

D. STREET ADDRESS (If rural, give location)

R.F.D. #1 - Box 162

C. Length of stay in Baltimore

10

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Sept. 22, 1891

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

JERRY Clark

14. MOTHER'S MAIDEN NAME

Elizabeth Collins

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Lena Washington, 6611 Magnolia St.
Philadelphia, Pa.

1B.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

RENAL FAILURE - UREMIA

DUE TO

Diabetes Mellitus

(B)

Congestive Failure

DUE TO

Generalized arteriosclerotic CVD

(C)

INTERVAL BETWEEN
ONSET AND DEATHday
10 +

(over)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/8, 1951, to 8/13, 1951, that I last saw the
deceased alive on 8/13, 1951, and that death occurred at 8:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. K. Kramer

M. D.

23B. ADDRESS

MERCY Hosp

23C. DATE SIGNED

8/13/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 17 1951

Clark's Chapel Cemetery

Harford County, Md.

VS 150

61

MEDICAL CERTIFICATION

See Document File 51-7162

8/28/51

ES

200

51 7163

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7163
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Anna E. Fix

2. DATE
OF
DEATH

8-16-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MarylandC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 20-02

D. STREET ADDRESS (If rural, give location)

2751 W. Fairmount Ave.

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

9-14-78

9. AGE (in years
last birthday)

72

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Domestic

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?
United States

13. FATHER'S NAME

Henry Schwartz

14. MOTHER'S MAIDEN NAME

Emma Schaubliski

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No

NONE

16. SOCIAL
SECURITY NO.
NONE

17. INFORMANT

ADDRESS

Husband, Mr. Louis Fix, same address

18. 023X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Cerebral vascular accident

(A) Syphilitic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 13th, 1951, to August 16th, 1951, that I last saw the deceased alive on 8-16, 1951, and that death occurred at 9:55 a.m., from the causes and on the date stated above.

23A. SIGNATURE

D. Aniollo

M. D.

23B. ADDRESS

Bon Secours Hospital

23C. DATE SIGNED

8/16/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

8-20-51

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

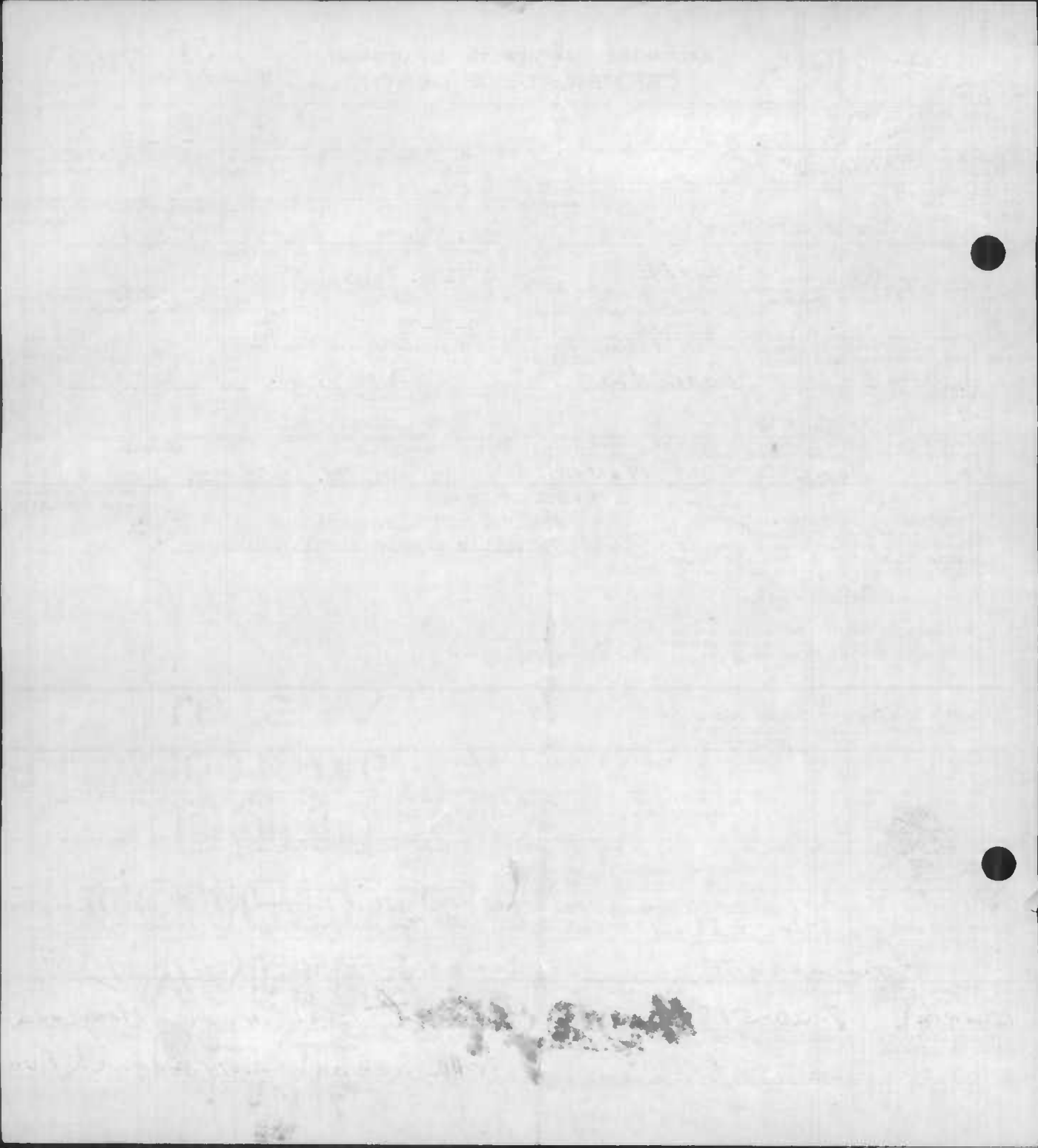
ADDRESS

AUG 17 1951

GEO. L. Schwab 2101 Frederick Ave

720840007050E

MEDICAL CERTIFICATION



600 51 7164

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7164

Registered No.

BIRTH NO.

51-18338

1. NAME OF DECEASED
(Type or Print)

Mary Carol Baier

2. DATE
OF
DEATH

Aug 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Hospital for the Women of Md

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Balto.

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2409 E Preston St.

8. DATE OF BIRTH

Aug 12, 1951

9. AGE (in years last birthday)

8-03

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

1-45

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto - Md

12. CITIZEN OF

WHAT COUNTRY?

USA

13. FATHER'S NAME

Alan Frederick Baier

14. MOTHER'S MAIDEN NAME

Carolyn Anne Bowers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Alan F. Baier - 2409 E Preston St

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Prematurity - 28 wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Premature labor

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/12, 1951 to 8/12, 1951, that I last saw the deceased alive on 8/12, 1951, and that death occurred at 12 noon, from the causes and on the date stated above.

23A. SIGNATURE

Perry D. Powell Jr.

M. O.

23B. ADDRESS

Hosp. for Women of Md.

23C. DATE SIGNED

8/13/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

JOHN HOPKINS MEDICAL SCHOOL

24D. LOCATION (City, town, or county)

AUG 14 1951

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

AUG 17 1951

VS 150

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

1251020715290

MEDICAL CERTIFICATION

THE UNIVERSITY OF CHICAGO

LIBRARY

540

51 7165

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7165
Registered No.

BIRTH NO.

51-17771

1. NAME OF DECEASED
(Type or Print)

Margaret Ann O'neil

2. DATE
OF
DEATH

August 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Hospital for the Women of Md

Yrs.
Mos.
Days

C. Length of stay in Baltimore

8

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug. 5, 1951

9. AGE (in years
last birthday)11 Under 1 Year
Months: Days
Hours: Min.

8

10A. USUAL OCCUPATION (Give kind of
work done during most of work life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas J. O'neil

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Viola O'neil 1922 N. Charles St.
Baltimore, Md.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

8 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 5, 1951, to Aug 12, 1951, that I last saw the
deceased alive on Aug 12, 1951, and that death occurred at 6 P. m., from the causes and on the date stated above.

23A. SIGNATURE

E. J. Bennett

23B. ADDRESS

Woop in Women of Md
Baltimore Md

23C. DATE SIGNED

8/13/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

AUG 17 1951

REGISTRAR'S SIGNATURE

J. H. Williams, M.D.

25. FUNERAL DIRECTOR

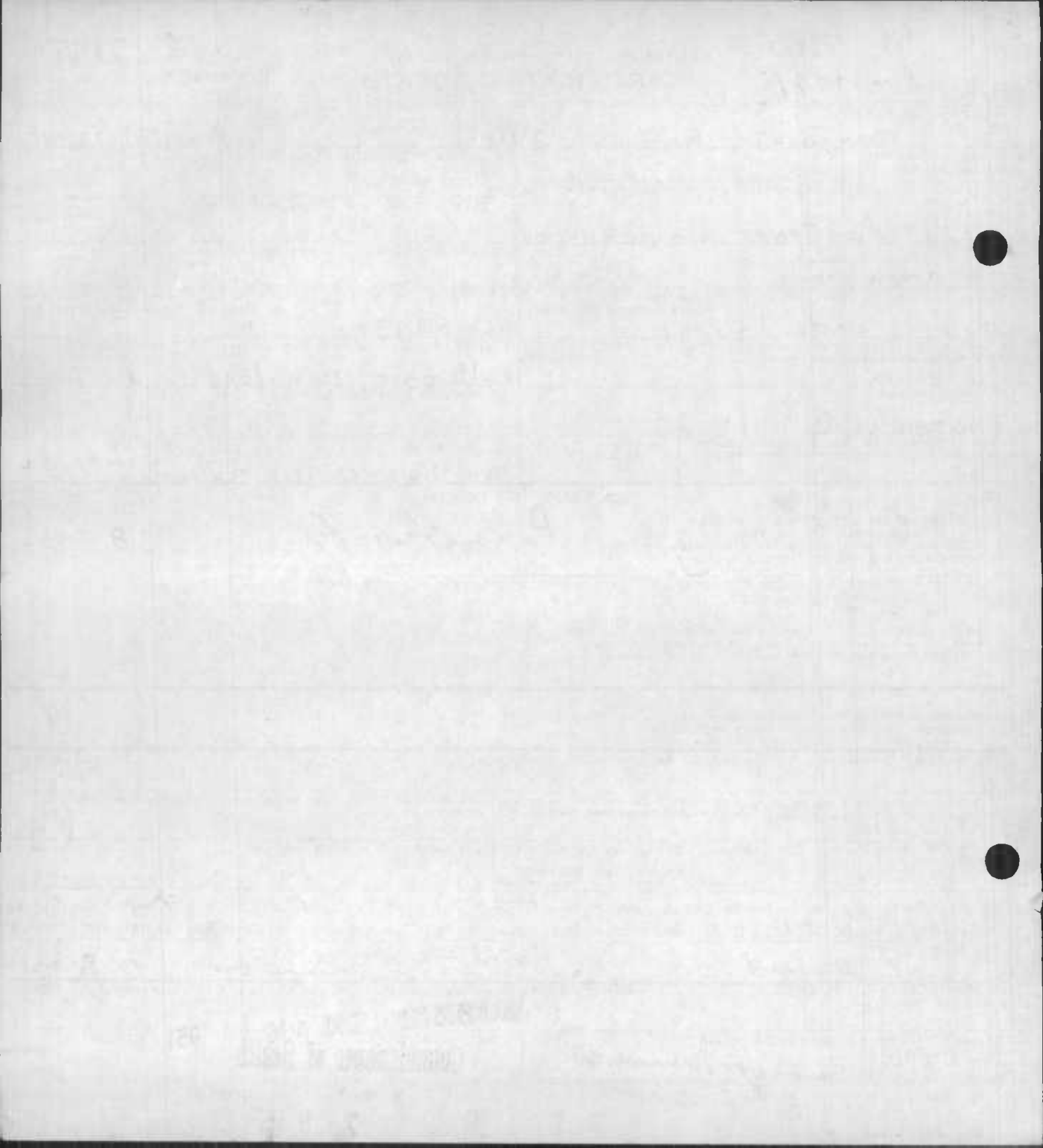
Commissioner of Health

ADDRESS

VS 150

1951000715359.0

MEDICAL CERTIFICATION



51 7166

51 7166

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) *Missouri Smith*2. DATE
OF
DEATH *August 15, 1951*3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE *md.* B. COUNTY _____B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION *JOHNS HOPKINS HOSPITAL*C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 2-1-01

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)
904 Warner St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?13. FATHER'S NAME
*Bob Robinson*14. MOTHER'S MAIDEN NAME
*Emma*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT *JOHNS HOPKINS HOSPITAL*18. *175-X* CAUSE OF DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Carcinoma of ovary*

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH
1 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) _____

DUE TO

(C) _____

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from *8-15*, 19*51*, to *8-15*, 19*51*, that I last saw the
deceased alive on *8-15*, 19*51*, and that death occurred at *6:40* p.m., from the causes and on the date stated above.

23A. SIGNATURE

Neil H. Chapman

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

*SC.*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

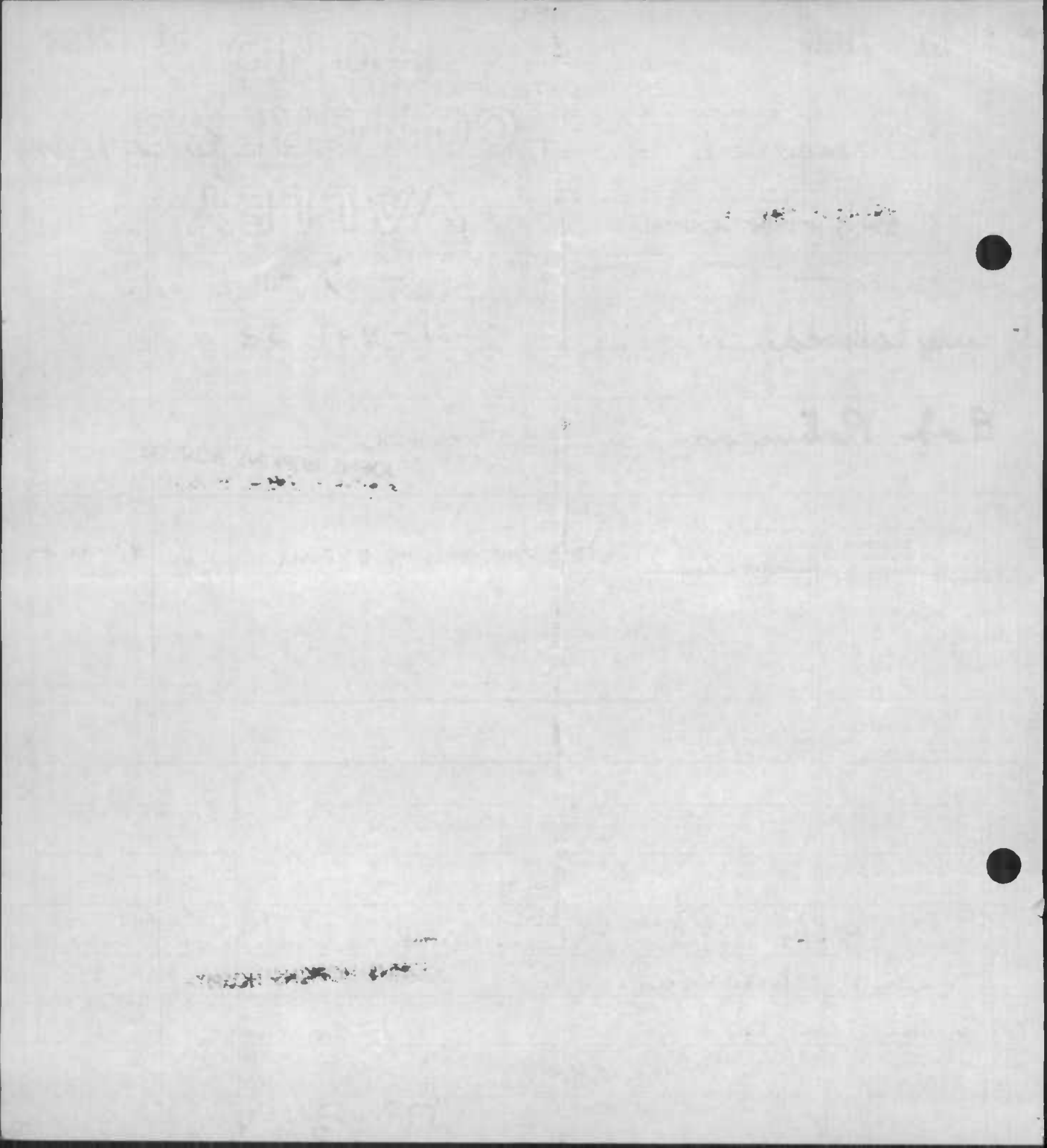
ADDRESS

AUG 17 1951

VS 150

108W Montg omery St 049A

MEDICAL CERTIFICATION



320
632
ND-151227

51

7167

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51

7167

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Minnie Modus (Minnie Mardist)

2. DATE
OF
DEATH

Aug. 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONBaltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

21-01

D. STREET ADDRESS (If rural, give location)

1111 Briscoe St.

c. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

?

8. DATE OF BIRTH

? ? ?

9. AGE (in years
last birthday)

53

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

?

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

?

14. MOTHER'S MAIDEN NAME

?

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18. 002X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary tuberculosis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

8 Mos. Plus

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-11, 1951, to 8-15, 1951, that I last saw the
deceased alive on 8-15, 1951, and that death occurred at 9:40 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Rogers

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

8-16-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Aug 18, 51

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Balt Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Montgomery Williams, M.D.

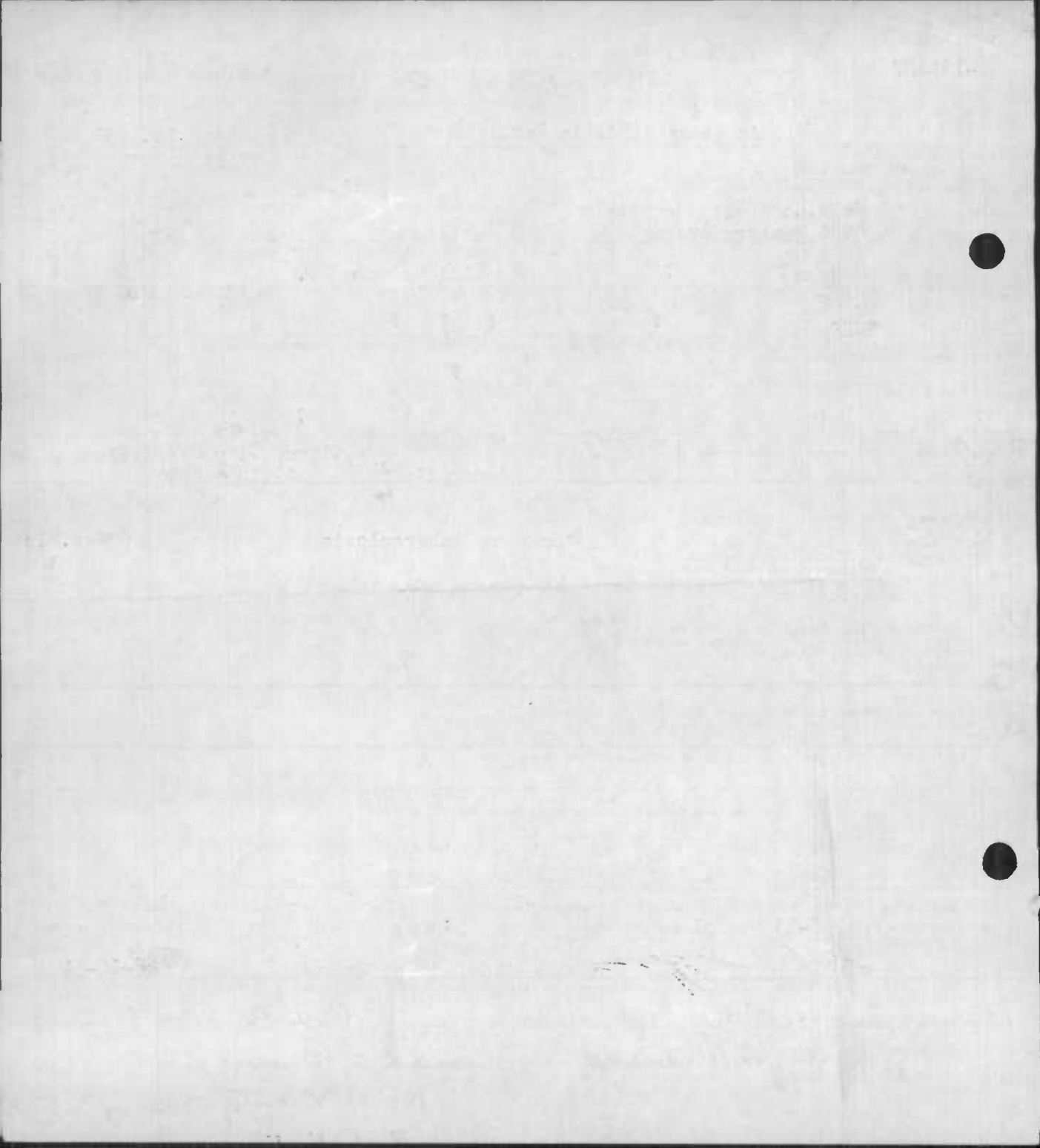
25. FUNERAL DIRECTOR

ADDRESS

Isaiah L Brown Son

VS 150

0136 108W Montgomery St



51 7168

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7168

Registered No.

BIRTH NO.

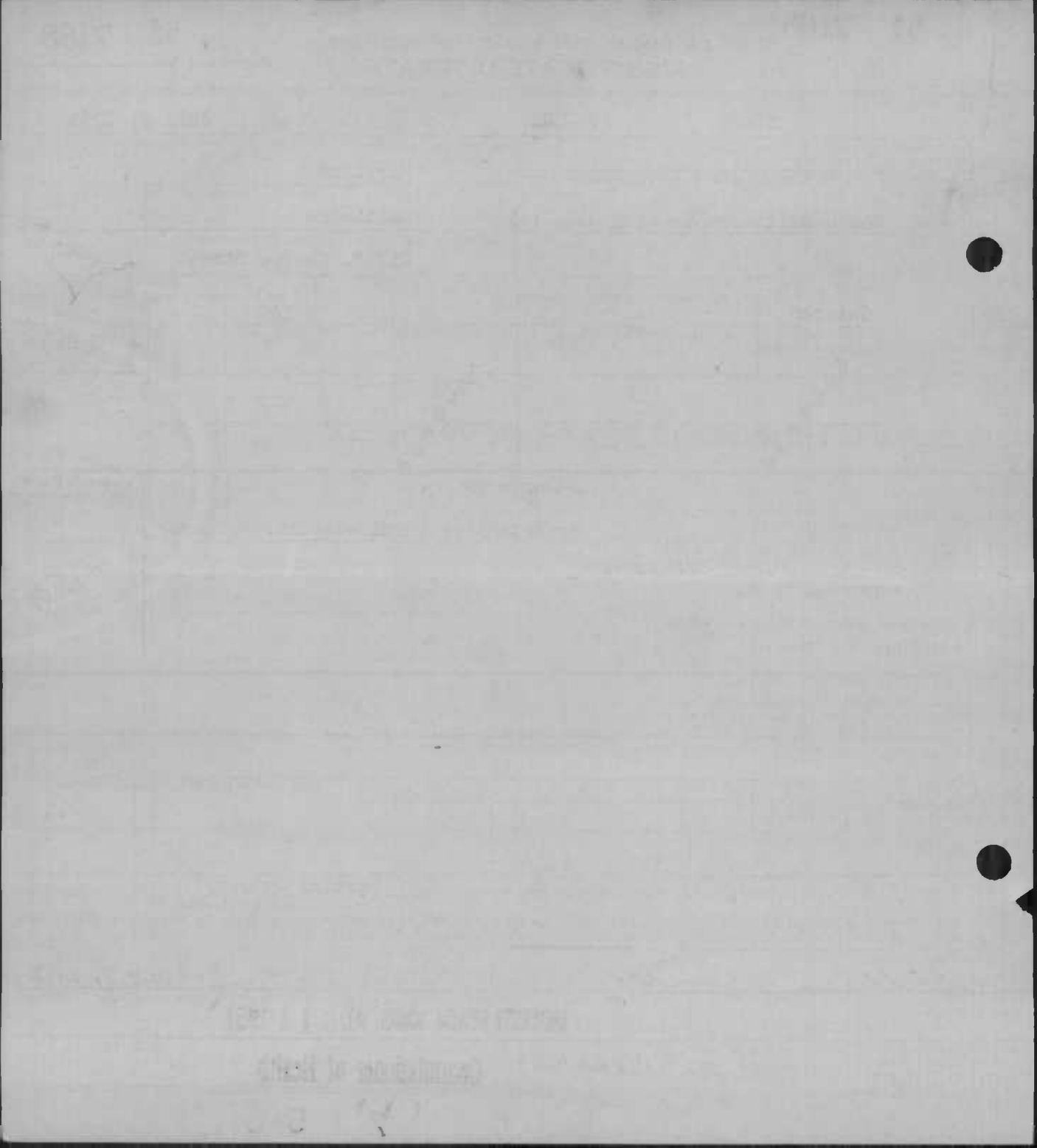
1. NAME OF DECEASED (Type or Print) JAMES VAUGHN		2. DATE OF DEATH July 2, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2201	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 217 S. Sharpe Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 44
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 44
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME U N K N		14. MOTHER'S MAIDEN NAME U N K N	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) N		16. SOCIAL SECURITY NO.	17. INFORMANT OW N
ADDRESS			

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease DUE TO CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE <i>William H. Williams</i>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR	23C. DATE SIGNED July 3, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		UNIVERSITY MEDICAL SCHOOL	AUG 14 1951

DATE RECEIVED BY LOCAL REGISTRAR AUG 17 1951	REGISTRAR'S SIGNATURE <i>William H. Williams</i>	25. FUNERAL DIRECTOR Commissioner of Health	ADDRESS
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420

51 7169

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

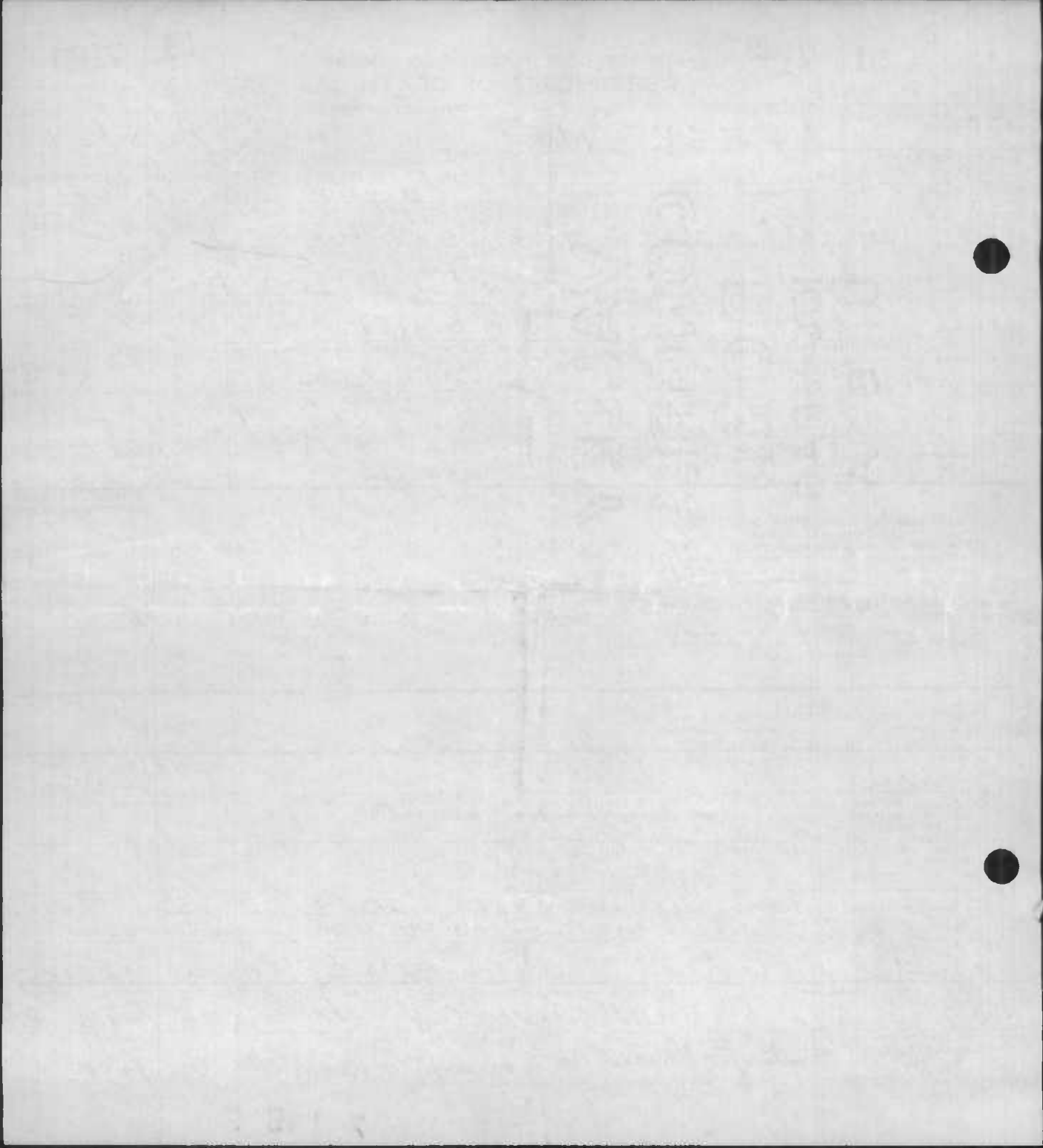
51 7169

Registered No.

BIRTH NO. <i>51-02165</i>		1. NAME OF DECEASED (Type or Print) <i>WALTER WALLS</i>		2. DATE OF DEATH <i>8/15/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>			
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 19-02</i>			
6. LENGTH OF STAY IN BALTIMORE <i>6 mos.</i>		D. STREET ADDRESS (If rural, give location) <i>1606 W. Baltimore St.</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>		8. DATE OF BIRTH <i>Feb. 1951</i>	9. AGE (In years last birthday) <i>6</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>child</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>—</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
13. FATHER'S NAME <i>Phillip Walls</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		14. MOTHER'S MAIDEN NAME <i>Mulcahy, Margaret</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>—</i>		17. INFORMANT ADDRESS <i>mother same</i>	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>571.0</i> (A) <i>Dehydration and Acidosis</i> DUE TO ANTECEDENT CAUSES (B) <i>Diarrhea and Vomiting</i> DUE TO (C) <i>—</i>				INTERVAL BETWEEN ONSET AND DEATH <i>6 days</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT					
19A. DATE OF OPERATION <i>none</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <i>no</i>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>none</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY <i>—</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8/15</i> , 1951, to <i>8/15</i> , 1951, that I last saw the deceased alive on <i>8/15</i> , 1951, and that death occurred at <i>3:15 pm.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Hertie K. Carter</i>		23B. ADDRESS <i>University Hosp.</i>		23C. DATE SIGNED <i>8/16/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>8-17-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral Cem</i>	
24D. LOCATION (City, town, or county) <i>Frederick Rd DARTO MD</i>		24E. LOCATION (City, town, or county) <i>Frederick Rd DARTO MD</i>		24F. LOCATION (City, town, or county) <i>Frederick Rd DARTO MD</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 17 1951</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Thomas J. KENNY, Inc. 1600 Hollins Jr</i>	

19510007159a

MEDICAL CERTIFICATION



500 51 7170

51 7170

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JULIUS COHEN

2. DATE
OF
DEATH

8-17-51

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

4515 Pulver Road

D. STREET ADDRESS (If rural, give location)

4515 Pulver Road

c. Length of stay in Baltimore

50 Yrs. Mos. Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Male

White

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Builder

13. FATHER'S NAME

Shaim

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Freida

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Moses Cohen

Same

18. 443 X 1 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

Several hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Cardiovascular Hypertensive Dis.

Yrs.

DUE TO

Asthma

Yrs.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/11/51 to 8/17/51, that I last saw the deceased alive on 8/16/51, and that death occurred at 2:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Samuel Morrison

11 E. Chad St

8/17/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 17 1951

Curtis Williams

Jack Lewis

2100 Cent Ave

Amuel
Morse
118 Chase St

523 51 7171

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7171
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY KNIGHT

2. DATE
OF
DEATH

8-16-51

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNIVERSITY HOSPITAL

c. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

General Labor

13. FATHER'S NAME

George Knight

15. WAS DECEASED EVER IN U. S. ARMED FORCES
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
a. STATE before admission)

MD

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

18-03

d. STREET ADDRESS (If rural, give location)

807 HOLLINS ST.

8. DATE OF BIRTH

10/18/1877

9. AGE (In years
last birthday)

73

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Laura Keager

17. INFORMANT

Mr Frank Dasch Kresstman

CAUSE OF DEATH

18. 334X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DEHYDRATION

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) STARVATION

DUE TO

(C) CEREBRAL ARTERIOSCLEROSIS

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-12-1951, to 8-16-1951 that I last saw the
deceased alive on 8-16-1951, and that death occurred at 7 A m., from the causes and on the date stated above.

23A. SIGNATURE

Geo M Kline

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

8-16-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

8/18/51

24C. NAME OF CEMETERY OR CREMATORY

London Park Cem

24D. LOCATION (City, town, or county)

3801 Frederick Ave

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Cowan Son Hollins

ADDRESS

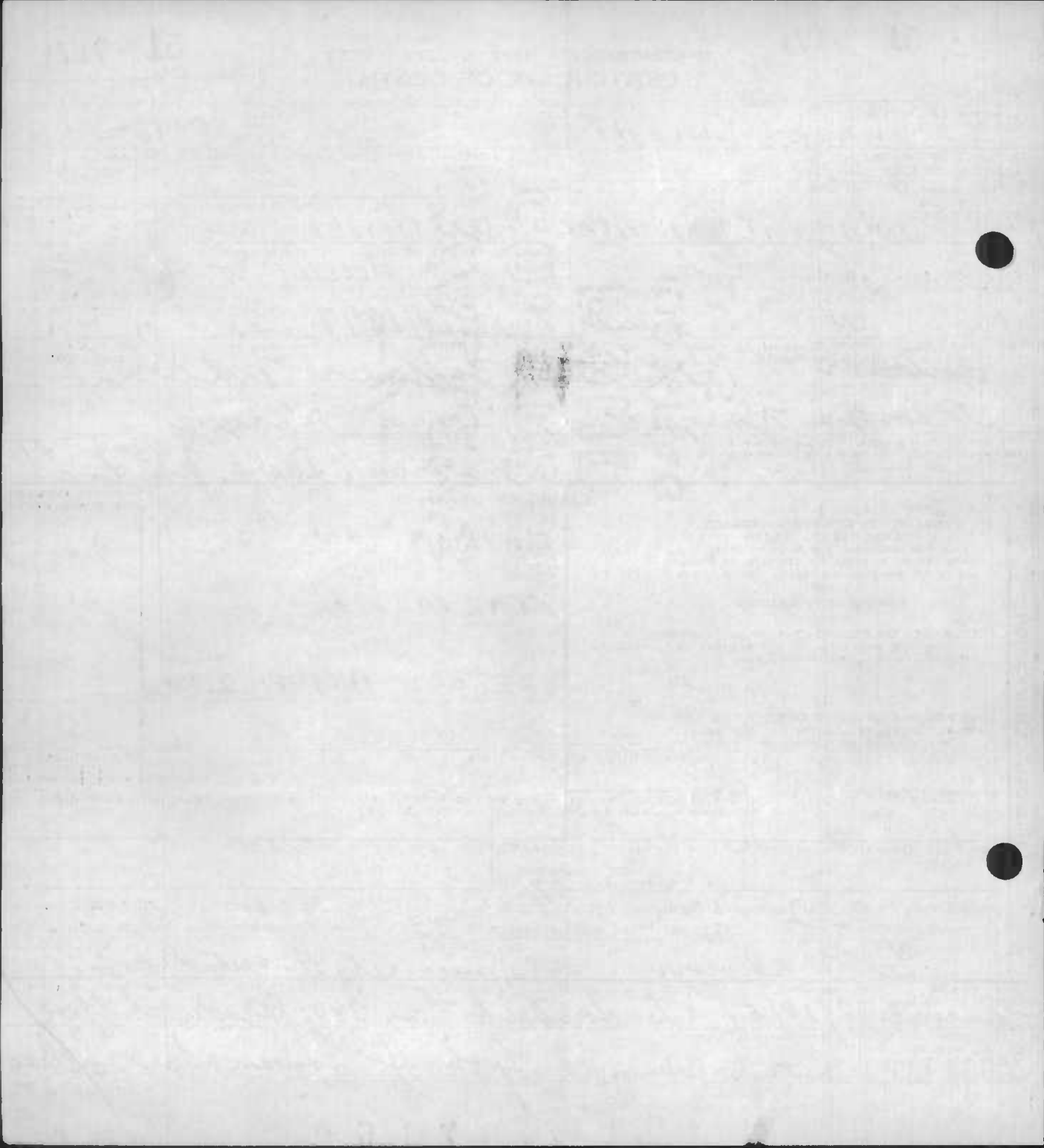
AUG 17 1951

VS 150

897.0

51.

MEDICAL CERTIFICATION



51 7172

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7172

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN

HOFF

2. DATE
OF
DEATH August 5, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)
75If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

U
N
K
N
O
W
N

14. MOTHER'S MAIDEN NAME

U
N
K
N
O
W
N15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

11
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

23b. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23c. DATE SIGNED

August 6, 1951

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)

UNIVERSITY MEDICAL SCHOOL AUG 14 1951

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

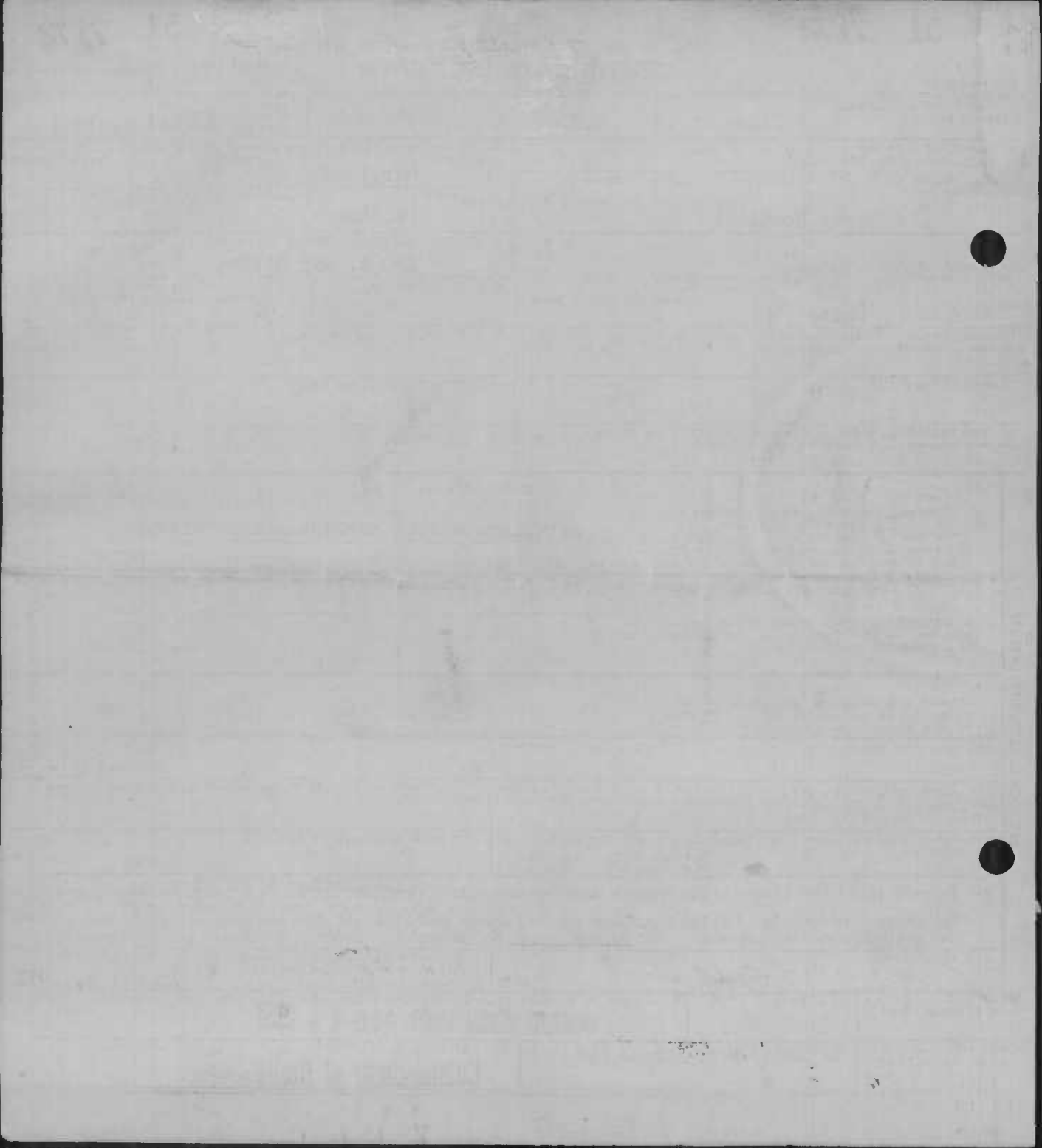
AUG 17 1951

Commissioner of Health

VS 151

195100021720 093d ✓

MEDICAL CERTIFICATION



51 7173

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7173

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH WILSON BARNETT.

2. DATE
OF DEATH

AUGUST 16 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE CITY.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

NONE

210 Druid Hill Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE BALTIMORE CITY MARYLAND.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE CITY.

14-03

D. STREET ADDRESS (If rural, give location)

2210 DRUID HILL AVE.

c. Length of stay in Baltimore

LIFE.

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Feb 8, 1894

9. AGE (In years last birthday)

57

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer Retired

10B. KIND OF BUSINESS OR INDUSTRY

Phila Pa City

13. FATHER'S NAME

alfred Barnett

14. MOTHER'S MAIDEN NAME

Ella Wilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mary B. White 2210 Druid Hill Ave

18. 4221

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ARTHRITIS DEFORMANS MAY 8 1951.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CHRONIC MYOCARDIAL CHANGES.

DUE TO

1951.

(C) ARTERIOR SCLEROSIS.

1951.

NONE.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

NONE.

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from MAY 8 1951 19, to AUGUST 16, 1951, that I last saw the deceased alive on AUGUST 16 51, and that death occurred at 4. PM m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 17 1951

Wilmington Williams, M.D.

George S. Nelson 1303 Preston St

VS 150

97093

093C

MEDICAL CERTIFICATION

530 51 7174

51 7174

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Clara I. Smith

2. DATE
OF
DEATH

Aug. 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2238 Madison Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 1303

D. STREET ADDRESS (If rural, give location)

2238 Madison Ave.

c. Length of stay in Baltimore

5 1/2 yrs.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Dec. 6, 1884

9. AGE (in years last birthday)

66

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Gates Co. N. C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Samuel Taylor

ADDRESS

2238 Madison Ave.

18. 332X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) cerebral thrombosis

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

10 days

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) arteriosclerosis, generalized

?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 9, 1951, to Aug 15, 1951, that I last saw the deceased alive on Aug 15, 1951, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

James D. Carr

M. D.

23B. ADDRESS

1427 Madison Ave.

23C. DATE SIGNED

8-16-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Aug. 16, 1951

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Pk.

24D. LOCATION (City, town, or county)

Baltimore Co. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

AUG 17 1951

REGISTRAR'S SIGNATURE

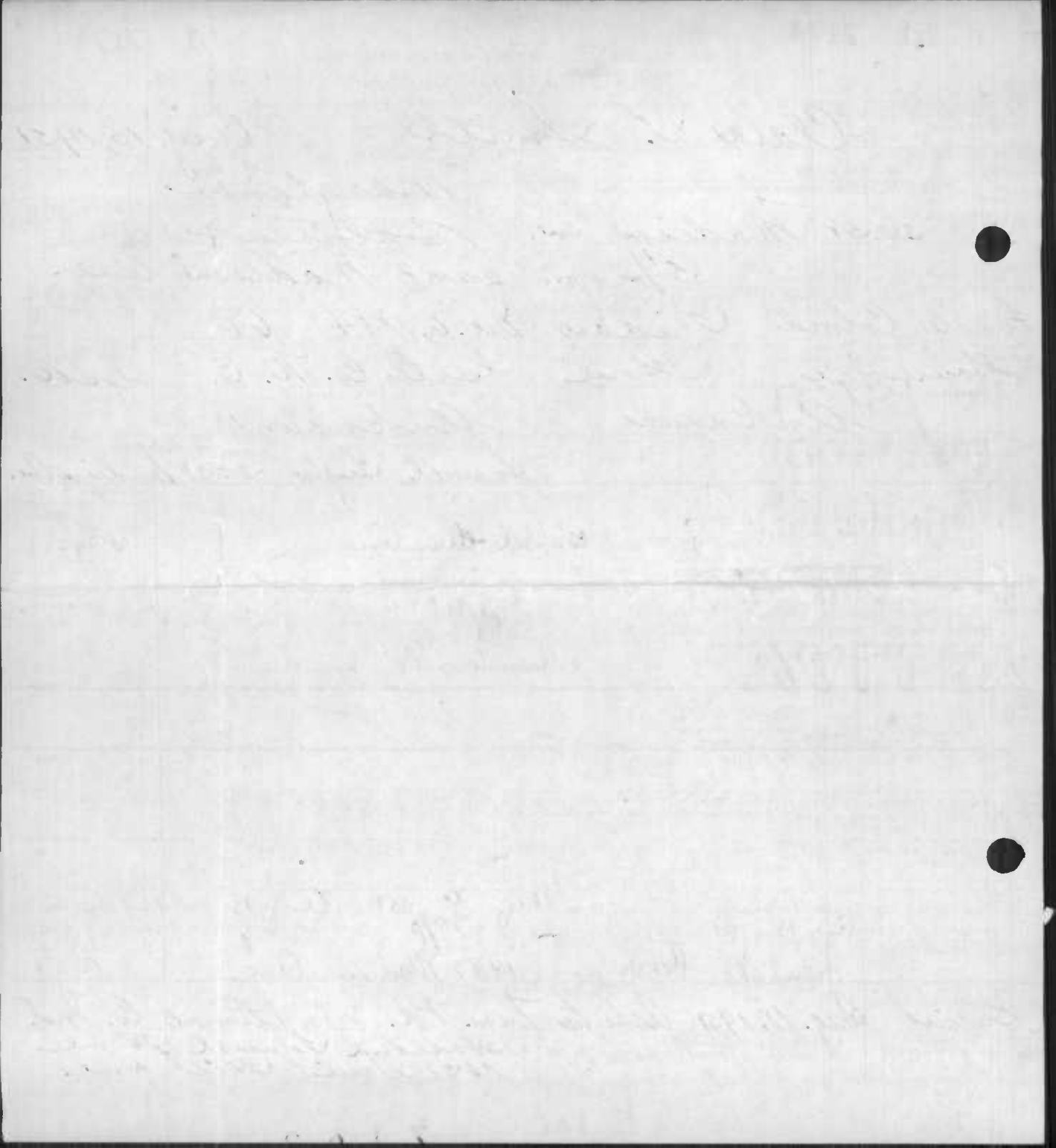
William H. Williams, M.D.

25. FUNERAL DIRECTOR

Wallace Funeral Home

ADDRESS

1651 Quind Hill Ave.



535
51 7175BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7175
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John H. Snowden Jr.

2. DATE
OF
DEATH

Aug. 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 14-03

D. STREET ADDRESS (If rural, give location)

1844 Division ST.

C. Length of stay in Baltimore

30 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 20, 1914

9. AGE (In years
last birthday)

37

10 Under 1 Year
Months Days11 Under 24 hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Orderly

10B. KIND OF BUSINESS OR
INDUSTRY

Pvt. Hosp.

11. BIRTHPLACE (State or foreign country)

Catonsville, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Henry Snowden, Sr.

14. MOTHER'S MAIDEN NAME

Nancy Milburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 1844

John H. Snowden, Sr. Division St.

18. 153X 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Generalized Carcinomatosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Carcinoma of Sigmoid Colon

(C)

INTERVAL BETWEEN
ONSET AND DEATH

Unknown

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

June 4, 1951

Carcinoma of Sigmoid Colon 2 spread

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 29, 1951, to August 15, 1951, that I last saw the deceased alive on August 15, 1951, and that death occurred at 6:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

M. D.

23B. ADDRESS

Provident Hosp 1844 Division St

23C. DATE SIGNED

Aug. 16, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Aug. 18, 1951

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

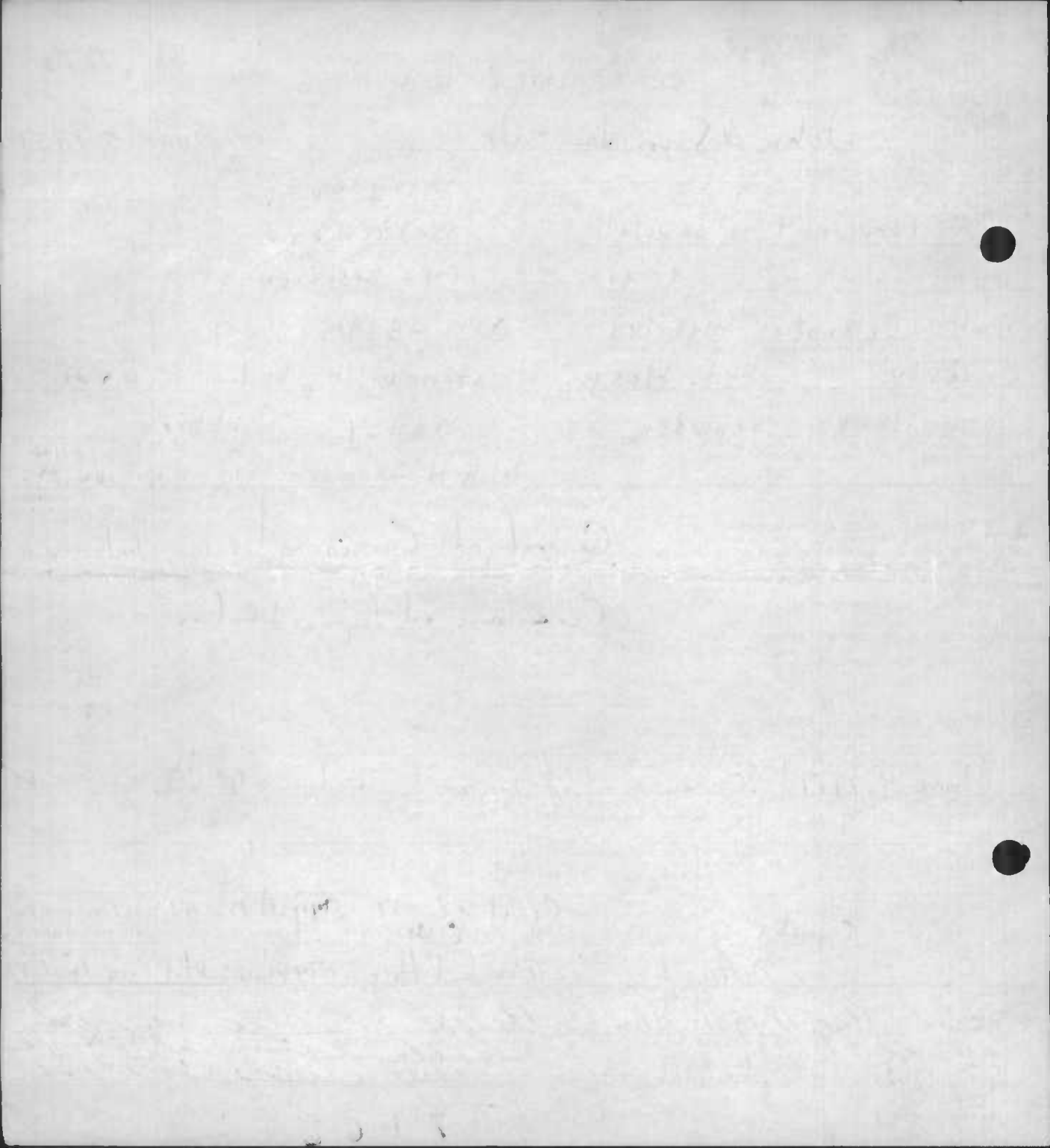
[Signature] 1631 Druid Hill Ave.

VS 150

730 870 7163

0462

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 7176
Registered No. _____

563251 7176

1. NAME OF DECEASED (Type or Print) VINCENT P. SCHWARTZ		2. DATE OF DEATH Aug. 16, 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Md. b. COUNTY Baltimore	
b. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) 2003 Homewood Ave.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 1, 1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Radio Dispatcher		9. AGE (In years last birthday) 49	
10b. KIND OF BUSINESS OR INDUSTRY Yellow Cab Co.		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Frank P. J. Schwartz	
14. MOTHER'S MAIDEN NAME Catherine J. Campbell		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 213-09-9748		17. INFORMANT ADDRESS Miss Marie Schwartz 2003 Homewood Ave.	

<p>16. 023X I</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p align="center">CAUSE OF DEATH</p> <p>(A) Coronary Occlusion</p> <p>DUE TO Ischemic Cardiovascular disease</p> <p>(B) Ischemic Aortitis</p> <p>DUE TO Ischemic Aortitis</p> <p>(C) _____</p>		<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p>Aug 16, 1951</p> <p>1945</p> <p>1945</p>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 10, 1945 to Aug 16, 1951 that I last saw the deceased alive on Aug 9, 1951 , and that death occurred at 3 P. m. , from the causes and on the date stated above.					
23a. SIGNATURE Leonard Wallenstein		23b. ADDRESS M. D. 848 W 36th St		23c. DATE SIGNED 8/12/51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 8/20/51		24c. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	
24d. LOCATION (City, town, or county) (State) Baltimore, Md.					
DATE RECEIVED BY LOCAL REGISTRAR UG 17 1951		REGISTRAR'S SIGNATURE Wilmington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Wm J. Zuker's Sons Balto, Md.	

MEDICAL CERTIFICATION

THE
SCHOOL
AT

[Faint, illegible handwriting on lined paper]

51 7177

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7177

Registered No.

F326
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

Fitzgerald - Walter SR

2. DATE
OF
DEATH

8/16/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2865 Maryland Ave. Arbutus

8. DATE OF BIRTH

April 28, 1870

9. AGE (In years last birthday)

81

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Marine Engineer

10B. KIND OF BUSINESS OR INDUSTRY

Steamship-Transp.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Franklin Fitzgerald

14. MOTHER'S MAIDEN NAME

Louise Collins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

?

17. INFORMANT

ADDRESS

Mr. Walter Fitzgerald Jr. Above

18. 4300 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis.

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Subacute Bacterial Endocarditis

DUE TO

10 days

(C) E. Coli septicemia

18 days

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

Refractory anemia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/2, 1951, to 8/16, 1951, that I last saw the deceased alive on 8/16, 1951, and that death occurred at 5:10 AM, from the causes and on the date stated above.

23A. SIGNATURE

Joseph C. Fitzgerald

M. D.

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

8/16

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

8-20-51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Pk. Cem

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

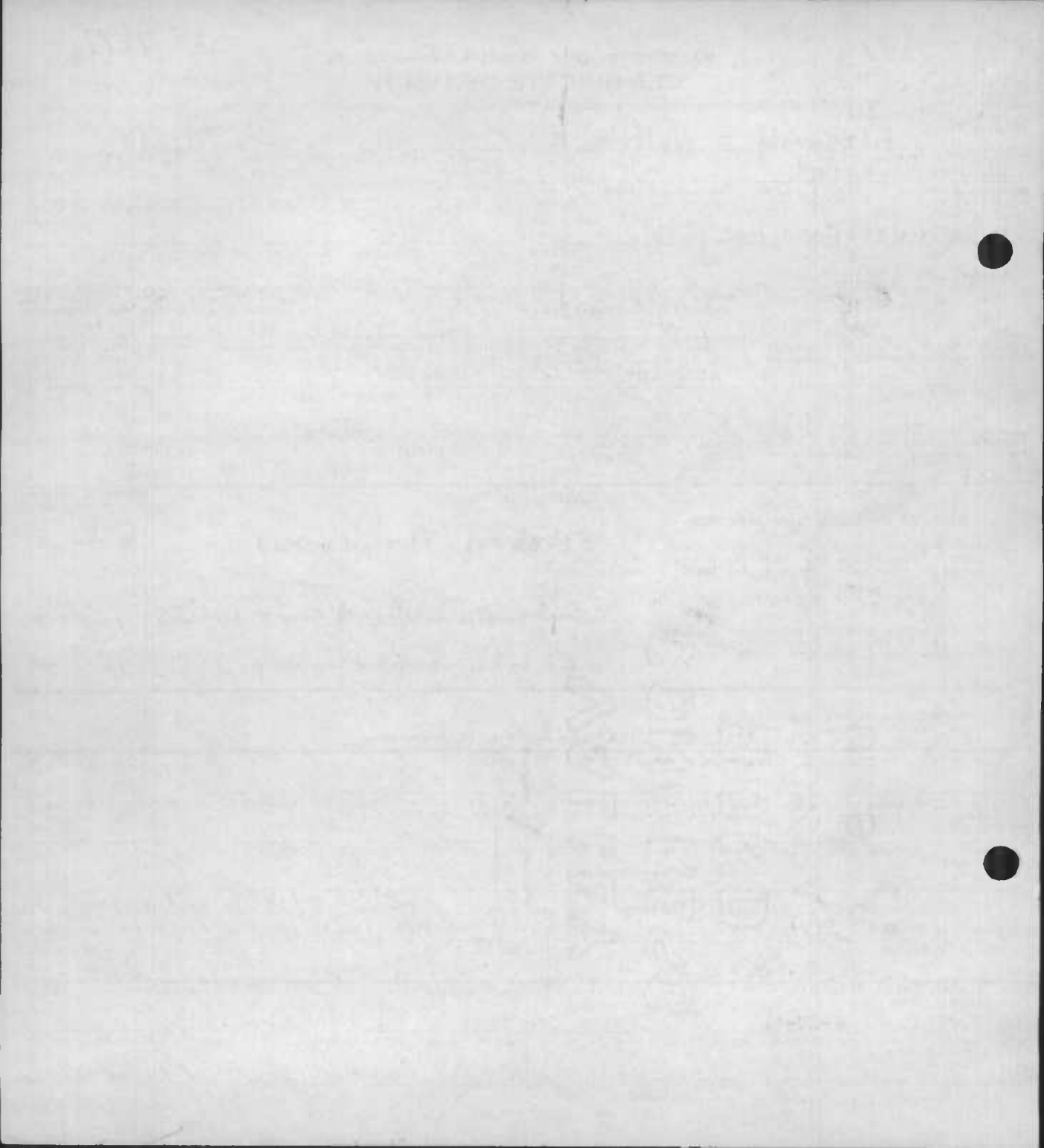
Wm. L. Beckner - Louis Ave. Balto. Md.

VS 150

5100

0912

MEDICAL CERTIFICATION



51 7178

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7178

BIRTH NO. F-500

Registered No.

1. NAME OF DECEASED (Type or Print) Israel Fine		2. DATE OF DEATH August 16, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Martinsburg W. Va COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3706 Nortonia Road		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) West Virginia	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 216 W Race St Martinsburg W. Va	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 4, 1897
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Junk Business		10B. KIND OF BUSINESS OR INDUSTRY Own	9. AGE (In years last birthday) 54 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME Charles Fine		11. BIRTHPLACE (State or foreign country) Russia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Hannah Schwartz	
17. INFORMANT Mrs Bertha Fine		ADDRESS 216 W Race St Martinsburg W. Va	

18. **442X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) **Degenerative Cardio-vascular**DUE TO **Renal Disease**(B) **with arteriosclerosis and hypertension**DUE TO **Uremia**

(C)

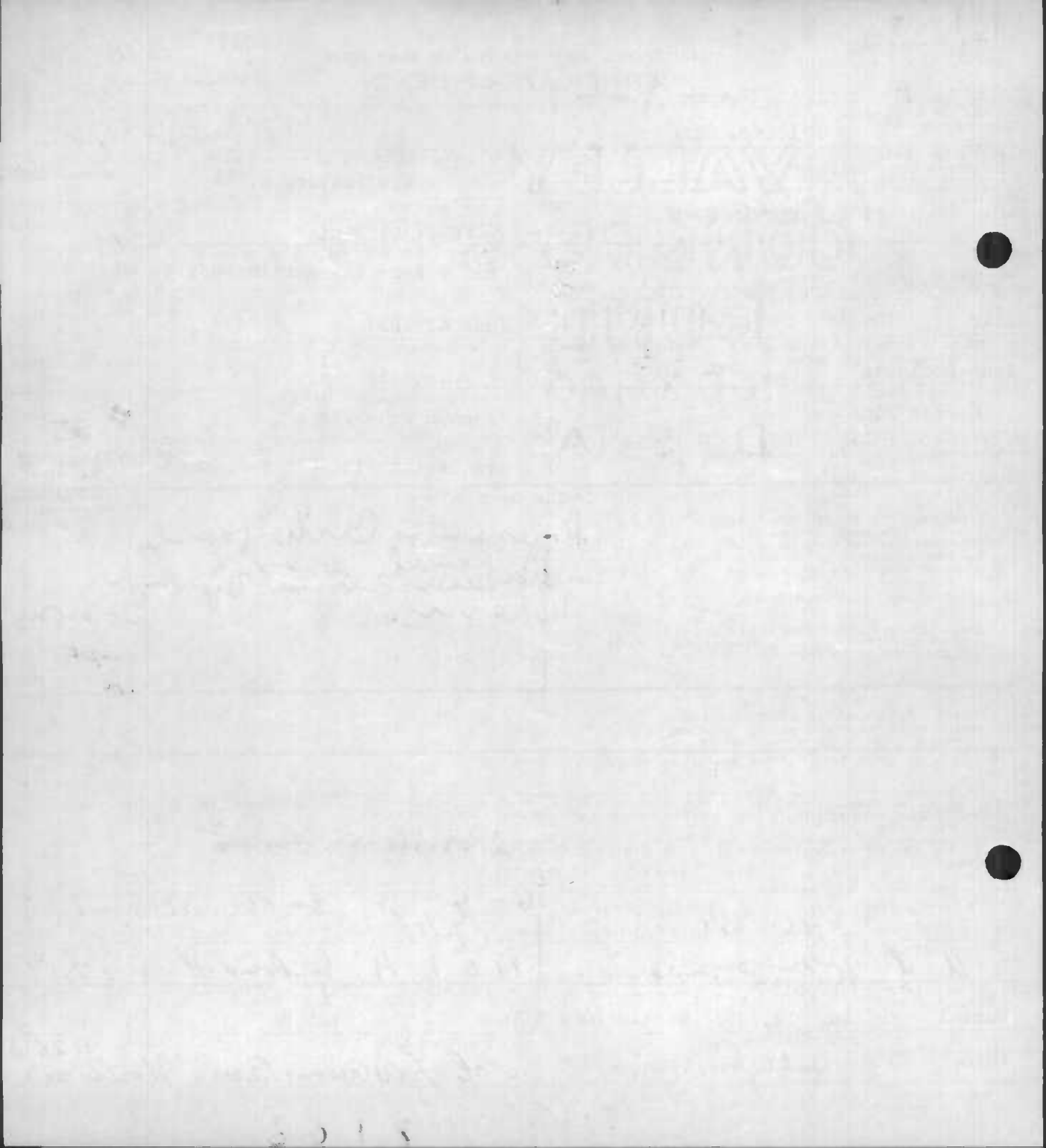
INTERVAL BETWEEN ONSET AND DEATH
36 hours

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-7-1951 to 8-16-1951 , that I last saw the deceased alive on 8-16-1951 , and that death occurred at 7:15 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE A. G. Johnson		23B. ADDRESS 110 S. H. Cabot St		23C. DATE SIGNED 8-17-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug 17, 1951		24C. NAME OF CEMETERY OR CREMATORY Martinsburg W Va	
				24D. LOCATION (City, town, or county) (State) West Va.	

DATE RECEIVED BY LOCAL REGISTRAR AUG 17 1951	REGISTRAR'S SIGNATURE Huntington Williams, Jr.	25. FUNERAL DIRECTOR Sol Lewinson & Bus	ADDRESS 1126 W North ave
--	--	---	------------------------------------

19529868 07100 1310



51 7179

51 7179

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. D-1201. NAME OF DECEASED
(Type or Print)Carroll Bernard Davish2. DATE
OF
DEATH8-16-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION U.S. Public Health Service

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BaltimoreHospital, Baltimore 11, Maryland

D. STREET ADDRESS (If rural, give location)

1315 Linden Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Married

8. DATE OF BIRTH

Aug. 4, 18929. AGE (In years
last birthday)59If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Designer10B. KIND OF BUSINESS OR
INDUSTRYContracting

11. BIRTHPLACE (State or foreign country)

Pennsylvania12. CITIZEN OF
WHAT COUNTRY?USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no (unknown)) (If yes, give war or dates of service)YesWW I16. SOCIAL
SECURITY NO.
167-14-1982

17. INFORMANT

ADDRESS

Records - US PHS Hospital, Baltimore, Md

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Cerebral hemorrhage, intraventricular
and subarachnoidLess than
12 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Cardiac hypertrophy (hypertention)Unknown(C) Duodenal ulcer with hemorrhage intestinalUnknown

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-16, 1951, to 8-16, 1951 that I last saw the
deceased alive on 8-16, 1951 and that death occurred at 7:17 A. from the causes and on the date stated above.

23A. SIGNATURE

John L. Wilson, Med. Director

M. D.

23B. ADDRESS

U.S. PHS Hospital, Baltimore, Md.

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

8/20/51

24C. NAME OF CEMETERY OR CREMATORY

U. S. National Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 17 19511217 St. Paul Street

VS 150

1 033 146 007 163 1176

MEDICAL CERTIFICATION

SECOND

CONFIDENTIAL

SECRET

51 7180

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7180

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BANDELL, CARRIE

2. DATE
OF
DEATH

August 15, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Hospital for the Women of Md

c. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

4. USUAL RESIDENCE (Where deceased lived in institution: residence before admission)

a. STATE b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

2010 Bank Street

2-01

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

April 2, 1883

9. AGE (in years
last birthday)

68

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Reis

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

San George H.

ADDRESS

105 Robinson St

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Renal Insufficiency

DUE TO

Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Congestive Heart Failure

DUE TO

Weeks

(C) Hypertensive-Atherosclerotic Cardiovascular Disease

Months

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Bronchopneumonia

Days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

WHILE AT NOT WHILE
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 25, 1951, to Aug. 15, 1951, that I last saw the deceased alive on Aug. 15, 1951, and that death occurred at 6:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE

Gene H. Cohen

23b. ADDRESS

M. O. 1000 p. for the Women of Md.

23c. DATE SIGNED

Aug. 15, 1951

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

8/18/51

24c. NAME OF CEMETERY OR CREMATORY

St. Paul's

24d. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Antonia Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc., 1217 St. Paul St.

100

51 7181

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7181
Registered No.

BIRTH NO. 11 5 35

1. NAME OF DECEASED
(Type or Print)

FLORENCE

HINTON

2. DATE
OF
DEATH

August 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

If not in hospital or institution, give street address or location)

103 S. Calhoun St

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Home

10B. KIND OF BUSINESS OR
INDUSTRY

None

13. FATHER'S NAME

William H. Hinton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

103 S. Calhoun Street. 19-03

8. DATE OF BIRTH

March 8, 1870

9. AGE (In years

last birthday)

81

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Roxanna Allen

17. INFORMANT

J. Hilton Miller

ADDRESS

5103 Harford Road

18. 472-1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

August 16, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Aug. 18, 1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24D. LOCATION (City, town, or county)

Baltimore

Maryland

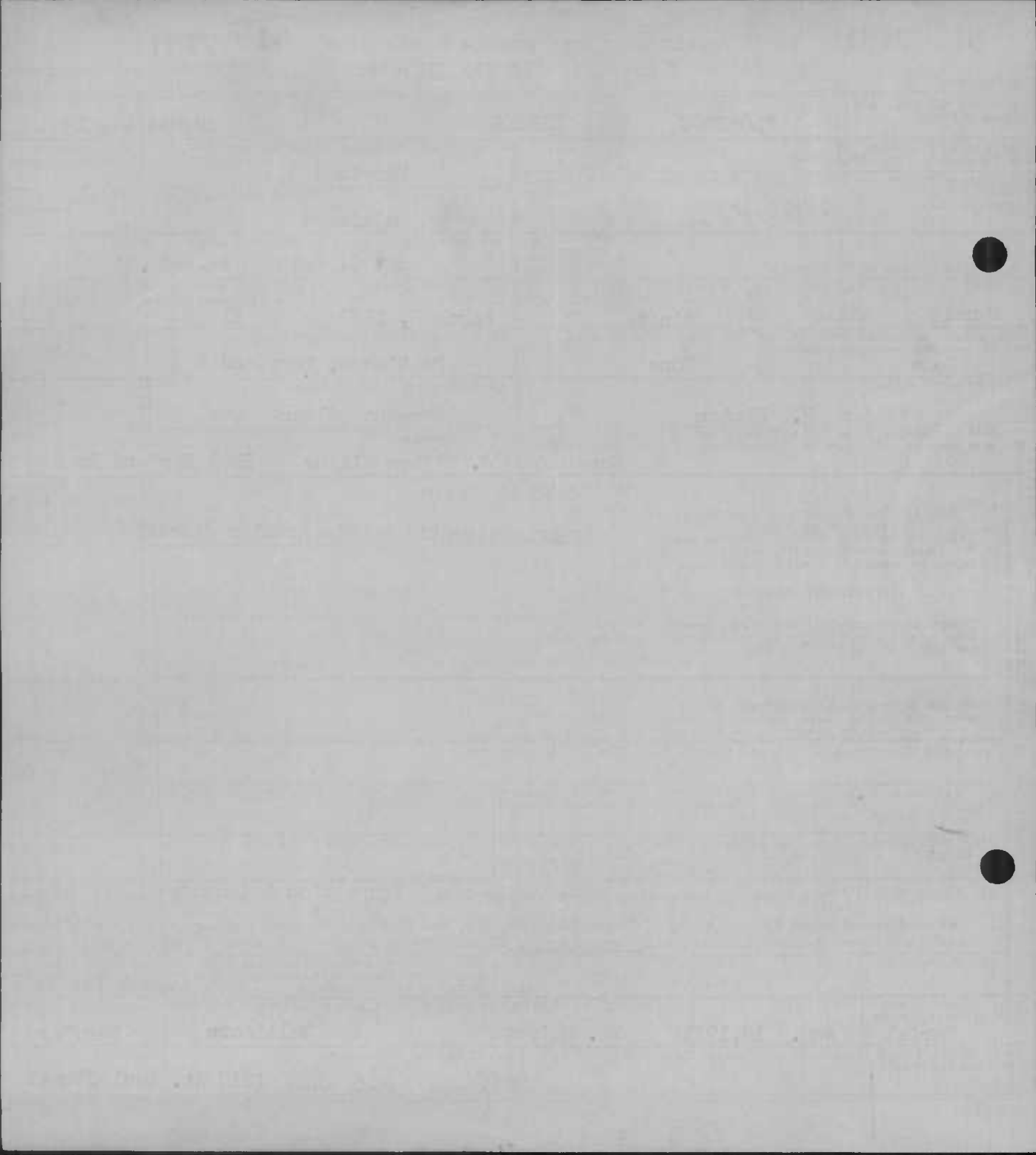
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

William Cook, Inc. 1217 St. Paul Street



51 7182

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7182

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Arthur Catlett Wright

2. DATE
OF
DEATH

August 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE
B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

330 East 28th Street

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

330 East 28th Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Aug. 31, 1899

9. AGE (In years last birthday)

51

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR INDUSTRY
City of Baltimore

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Wright

14. MOTHER'S MAIDEN NAME

Alice Catlett

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

W. W. I

16. SOCIAL SECURITY NO.
none

17. INFORMANT

ADDRESS

Mrs. Anne M. Wright, 330 East 28th Street

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 13, 1951, to Aug 16, 1951, that I last saw the deceased alive on Aug 16, 1951, and that death occurred at 3 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial
DATE RECEIVED BY
LOCAL REGISTRAR

8/18/51

Woodlawn Cemetery

Woodlawn,

Maryland

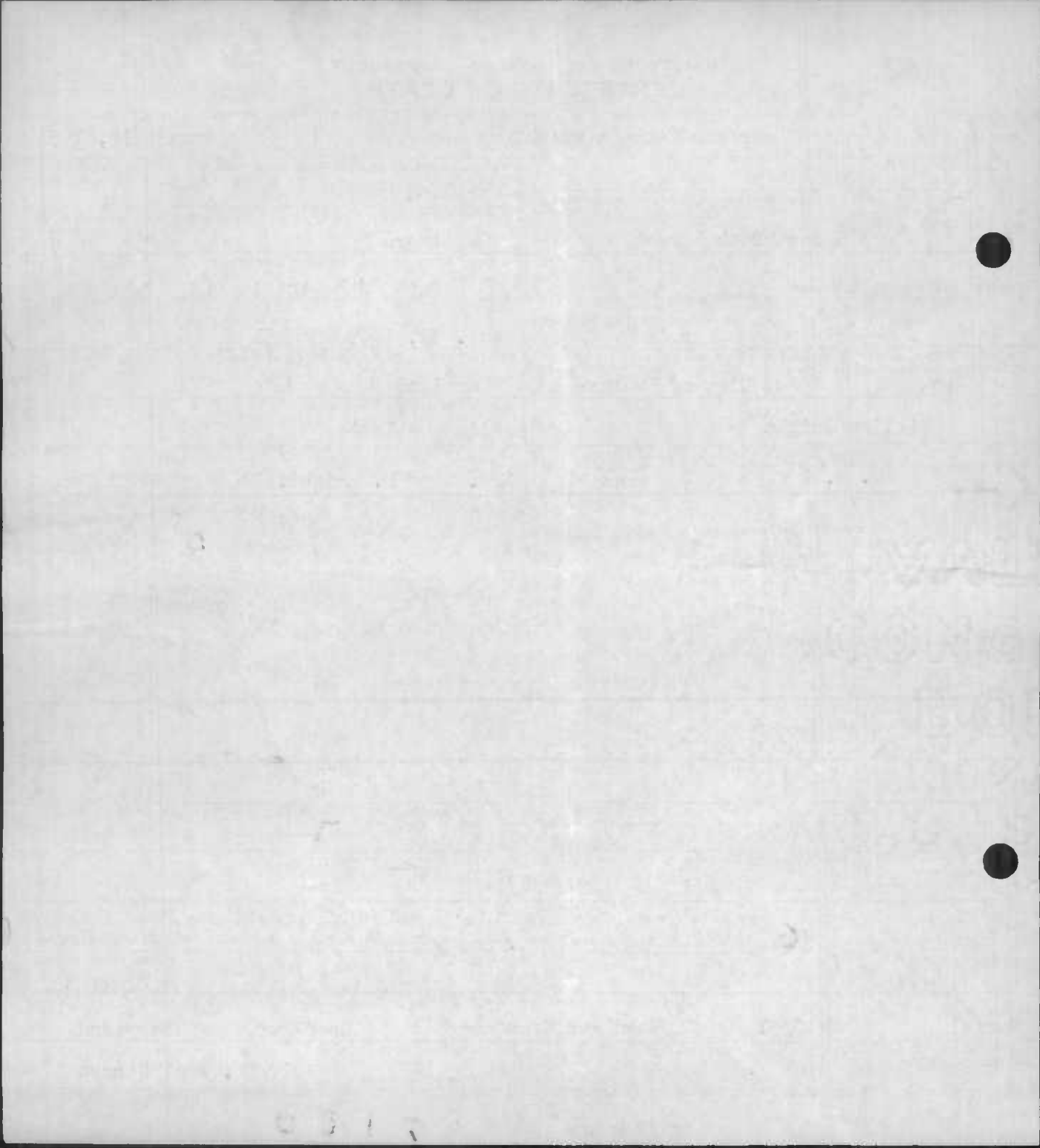
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 St. Paul Street

539093 0 7170134a



51 7183

51 7183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marshall, John Henry

2. DATE
OF
DEATH

Aug. 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

St. Joseph's

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 19, 1875

9. AGE (In years
last birthday)

75

10 Under 1 Year
Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Meat Cutter

10B. KIND OF BUSINESS OR
INDUSTRY

Own

11. BIRTHPLACE (State or foreign country)

Baltimore Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph

14. MOTHER'S MAIDEN NAME

Elizabeth Hofnagel

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, so or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Family - Same

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) Possible military tuberculosis

DUE TO

Military lesions in lungs and all other
organs

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 8, 1951 to Aug. 16, 1951, that I last saw the
deceased alive on Aug. 16, 1951, and that death occurred at 8:35 p.m., from the causes and on the date stated above.

23A. SIGNATURE

E. Paul Coffey Jr.

23B. ADDRESS

M. D. 1100 N. Caroline St.

23C. DATE SIGNED

Aug. 17, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

B

24B. DATE

8/20/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine

24D. LOCATION (City, town, or county)

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams Jr.

25. FUNERAL DIRECTOR

ADDRESS

130 East Fort Avenue

Bureau of Tuberculosis File 01289 dated 11/23/51

in part: " Gross autopsy revealed miliary lesions in
lungs and all other organs--
confirmed by microscopis"

11/27/51 ES

51 7184

51 7184

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. *M. 246*1. NAME OF DECEASED
(Type or Print)*Princeton Deroy McClure*2. DATE
OF
DEATH

8-16-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION *U. S. Public Health Service**Hospital, Baltimore, Maryland*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Maryland*B. COUNTY *A. Anne Arundel*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

207 Zeppelin Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

*Negro*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Single*

8. DATE OF BIRTH

*April 13, 1925*9. AGE (in years
last birthday)*26*If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*LABORER*10B. KIND OF BUSINESS OR
INDUSTRY*General*

11. BIRTHPLACE (State or foreign country)

*South Carolina*12. CITIZEN OF
WHAT COUNTRY?*USA*

13. FATHER'S NAME

Joseph McClure

14. MOTHER'S MAIDEN NAME

*Mary Potts*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*Yes**WW II*16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Records, US PHS Hospital, Balto., Md.*18. *1978* CAUSE OF DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Leiomyosarcoma of the bladder with
metastasis.*

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH*18 months*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Terminal pneumonia*

DUE TO

Unknown

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Aug. 9*, 1951, to *Aug. 16*, 1951 that I last saw the
deceased alive on *Aug. 16*, 1951, and that death occurred at *4:45 A.* from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

*John L. Wilson, Medical Director M. D.**Baltimore 11, Maryland**8-16-51*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

*Buried**8-19-51**Inf Calvary cem**Brooklyn md*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*8-19-51**Chas. O. Wilson**1000 Beauty ave*

1957

1002-1001

1002-1001

1002-1001

1002-1001

1002-1001

1002-1001

1002-1001

1002-1001

1002-1001

1002-1001

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1002-1001

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51 7185 51-18406

BALTIMORE CITY HEALTH DEPARTMENT

51 7185

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. B. 630

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Baltimore*B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE*St. Agnes Hospital*

C. Length of stay in Baltimore

2

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 761.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

*2 days**?*II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Aug. 13, 1957*, to *Aug. 15, 1957* that I last saw the deceased alive on *Aug. 15, 1957* and that death occurred at *8:30 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

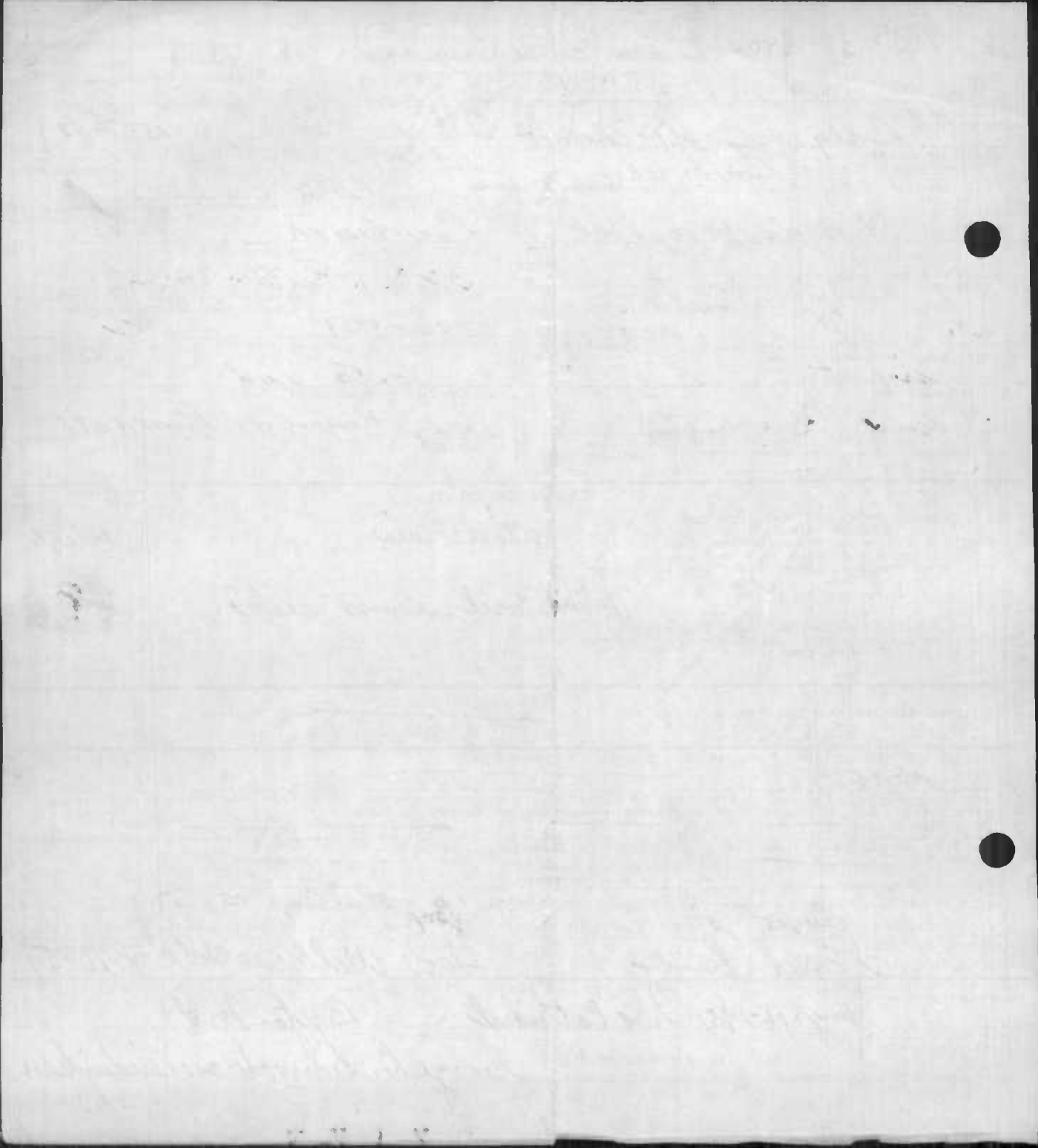
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



③ 0-560

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7186

Registered No.

BIRTH NO. 51 7186

1. NAME OF DECEASED (Type or Print) <i>Jerome Patrick O'Meara</i>		2. DATE OF DEATH <i>8-14-1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>BALTO.</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>ST. Agnes Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Catonsville</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>112 Nunnery Lane</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Sept. 30, 1882</i>
9. AGE (In years last birthday) <i>68</i>		10. Under 1 Year Months: Days	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Painter</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>John Beckeye & Sons Md.</i>	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>William O'Meara</i>		14. MOTHER'S MAIDEN NAME <i>Mary</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>213 03 8146</i>	
17. INFORMANT <i>Wilhelm</i>		ADDRESS <i>112 Nunnery Lane,</i>	
18. <i>237 X</i> CAUSE OF DEATH <i>Catonsville, Md.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 mrs.</i>	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Bilateral Pneumonia</i>	
DUE TO		(B)	
ANTECEDENT CAUSES		(C)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Bilateral Pneumonia</i>		<i>1 wk.</i>	
19A. DATE OF OPERATION <i>7-7-51</i>		19B. MAJOR FINDINGS OF OPERATION <i>Acute inflammation</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>July 2</i> , 19 <i>51</i> , to <i>Aug 14</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Aug 14</i> , 19 <i>51</i> , and that death occurred at <i>10 P.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Stephen K. Cadmus</i>		23B. ADDRESS <i>ST. Agnes Hospital</i>	
M. D.		23C. DATE SIGNED <i>Aug 15, 51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Aug. 18/51</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Woodlawn Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 17 1951</i>		REGISTRAR'S SIGNATURE <i>Wm. H. Lutz</i>	
25. FUNERAL DIRECTOR <i>Wm. H. Lutz</i>		ADDRESS <i>4101 Edmondson Ave.</i>	

1951 56424

108

handed to you

No account
given 2/11/12

240
51 7187BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7187

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLARA E. KEAGLE

2. DATE
OF
DEATH

Aug. 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md. Balt. City

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City 27-02

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2830 Montebello Terrace

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec. 21-1886 64

9. AGE (In years
birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William A. Keagle

14. MOTHER'S MAIDEN NAME

Mabel F. Meek

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr Robert Boorman 2830 Terrace

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Ruptured Spleen

Lung abscess

Local pneumonia

Post-op. Thoracotomy

INTERVAL BETWEEN
ONSET AND DEATH

3 months

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

Aug. 13, 1951

Lung abscess, thickened pleura

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Aug. 15, 1951, to Aug. 15, 1951, that I last saw the
deceased alive on Aug. 15, 1951, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

John W. Boorman M. D.

Univ. Hospital

Aug. 15, 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

8/18/51

New Cathedral

Balt Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

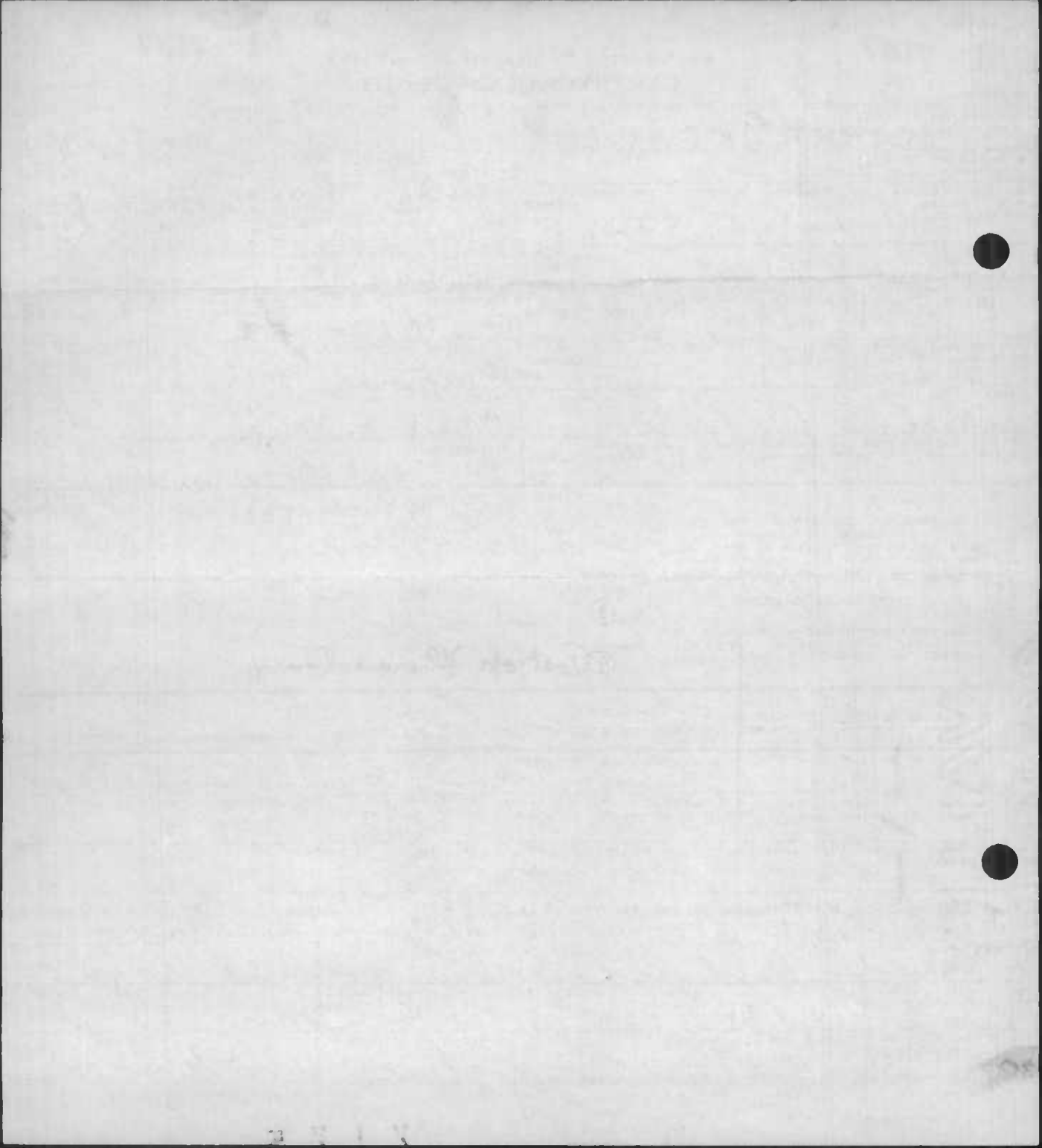
ADDRESS

AUG 18 1951

Huntington Williams & Co.

J. Luck

5305 Hayford Rd.



1. NAME OF DECEASED (Type or Print) Alexander G. Welsh			2. DATE OF DEATH 8-16-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-48		
c. Length of stay in Baltimore 70 yrs.			D. STREET ADDRESS (If rural, give location) 707 High Wood Drive		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH Aug. 14, 1866	9. AGE (in years last birthday) 85	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Book Binder			10B. KIND OF BUSINESS OR INDUSTRY I.R. Amoss Co.		
11. BIRTHPLACE (State or foreign country) Md.			12. CITIZEN OF WHAT COUNTRY? _____		
13. FATHER'S NAME Alexander G. Welsh			14. MOTHER'S MAIDEN NAME Beathea Scott Muirhead		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		
17. INFORMANT B. C. H. Records, 4940 Eastern Ave.			ADDRESS _____		

18. 422.1 and E 903.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease Decompensation Arteriosclerotic cardiovascular disease	CAUSE OF DEATH (A) Arteriosclerotic cardiovascular disease Decompensation (B) Arteriosclerotic cardiovascular disease (C) _____	INTERVAL BETWEEN ONSET AND DEATH 1 wk
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Fracture, neck of right femur		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Fracture, neck of right femur		

19A. DATE OF OPERATION 7-27-51	19B. MAJOR FINDINGS OF OPERATION Amputation Rt leg.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/> Accident	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 707 Highwood Drive.
21D. TIME (Month) (Day) (Year) (Hour) INJURY 2 - 9 - 1951	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Fell at home - Slipped & fell to floor
22. I hereby certify that I attended the deceased from 2-13-51 , 19 51 , to Aug. 16 , 19 51 that I last saw the deceased alive on Aug. 16, 1951 , and that death occurred at 12:10 AM from the causes and on the date stated above.		
23A. SIGNATURE M. Drogen	23B. ADDRESS 4940 Eastern Ave.	23C. DATE SIGNED 8-16-51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8-18-51	24C. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Road

Letter in Document File 51-7188
from Asst. Supt. - Medical Examiner Dr. R. S. Roberts
authorizing correction.

11/29/51 ES

51 7189

520

To be approved by the Medical Examiners.

51 7189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Malde R. Owings

2. DATE
OF
DEATH

8/15/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

8/10

9. AGE (in years
last birthday)

77

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert Gaines

14. MOTHER'S MAIDEN NAME

Margaret Van Pelt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

none

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Albin Owings 1334 Hanover St.

18. 490X and E 903.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Possible rt. lower lobe
DUE TO pneumonia.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Rt. interlobar lobar fracture 10 days
DUE TO(C) Hypertensive arteriosclerosis
Heart attack.

CERTIFICATION APPROVED

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Hypertensive arteriosclerosis/William South
Hypertension.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☒
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

1334 Hanover St., Balto 30.

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

8/5/51

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Tripped on rug and fell to floor.

22. I hereby certify that I attended the deceased from 8/5, 1951, to 8/15, 1951, that I last saw the
deceased alive on 4:30 A.M. 8/15/51, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

L. Waller (He)

23B. ADDRESS

M. D.

1213 Light St.

23C. DATE SIGNED

8/15/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Aug. 18, 1951

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Frederick Ave. Balto Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

KRAUSE FUNERAL HOME 1216 S. Charles St.

VS 150

N-820.0

19510007177

186a

MEDICAL CERTIFICATION

1881

Jan 1

Jan 2

Jan 3

Jan 4

Jan 5

Jan 6

Jan 7

Jan 8

Jan 9

Jan 10

Jan 11

Jan 12

Jan 13

Jan 14

Jan 15

Jan 16

Jan 17

Jan 18

Jan 19

Jan 20

Jan 21

Jan 22

Jan 23

Jan 24

Jan 25

Jan 26

Jan 27

Jan 28

Jan 29

Jan 30

Jan 31

Feb 1

Feb 2

Feb 3

Feb 4

Feb 5

Feb 6

Feb 7

Feb 8

Feb 9

Feb 10

Feb 11

Feb 12

Feb 13

354
51 7190BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7190
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jds. O'Donnell

2. DATE
OF
DEATH

Aug. 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1200 Valley St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY (before admission)

Delchester Howard Co Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Little Sisters of the Poor

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Delchester 63-00

C. Length of stay in Baltimore

3 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

Delchester

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

April 11, 1875

9. AGE (In years
last birthday)

76

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Household duties Own home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Montgomery Co. Md. U.S.A.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James O'Donnell

14. MOTHER'S MAIDEN NAME

Mary Ray

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Little Sisters of the Poor 1200 Valley St

ADDRESS

18.

331X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

2 wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Cerebral Sclerosis

4 yrs

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1951, to Aug 16, 1951, that I last saw the
deceased alive on Aug 16, 1951, and that death occurred at 11 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

16312 North Ave

Aug 16 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 18 1951

Christington Williams, Jr.

Easton Sons Catonsville

VALLEY
CORP
BONN
INDIANAS
U.S.A

51 7191

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7191
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WALTER G. MEEKINS

2. DATE
OF
DEATH

August 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

B. DATE OF BIRTH

10/4/1899

9. AGE (In years,
last birthday)

51

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Bar tender

10B. KIND OF BUSINESS OR
INDUSTRY

Restaurant

11. BIRTHPLACE (State or foreign country)

Cambridge Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Walter G. Meekins

14. MOTHER'S MAIDEN NAME

Nettie Vart

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

E. William Meekins 3400 Jones St

18. 4/22/1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Smith

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

August 16, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

8/18/51

24C. NAME OF CEMETERY OR CREMATORY

Cambridge

24D. LOCATION (City, town, or county)

Cambridge Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William V. Smith

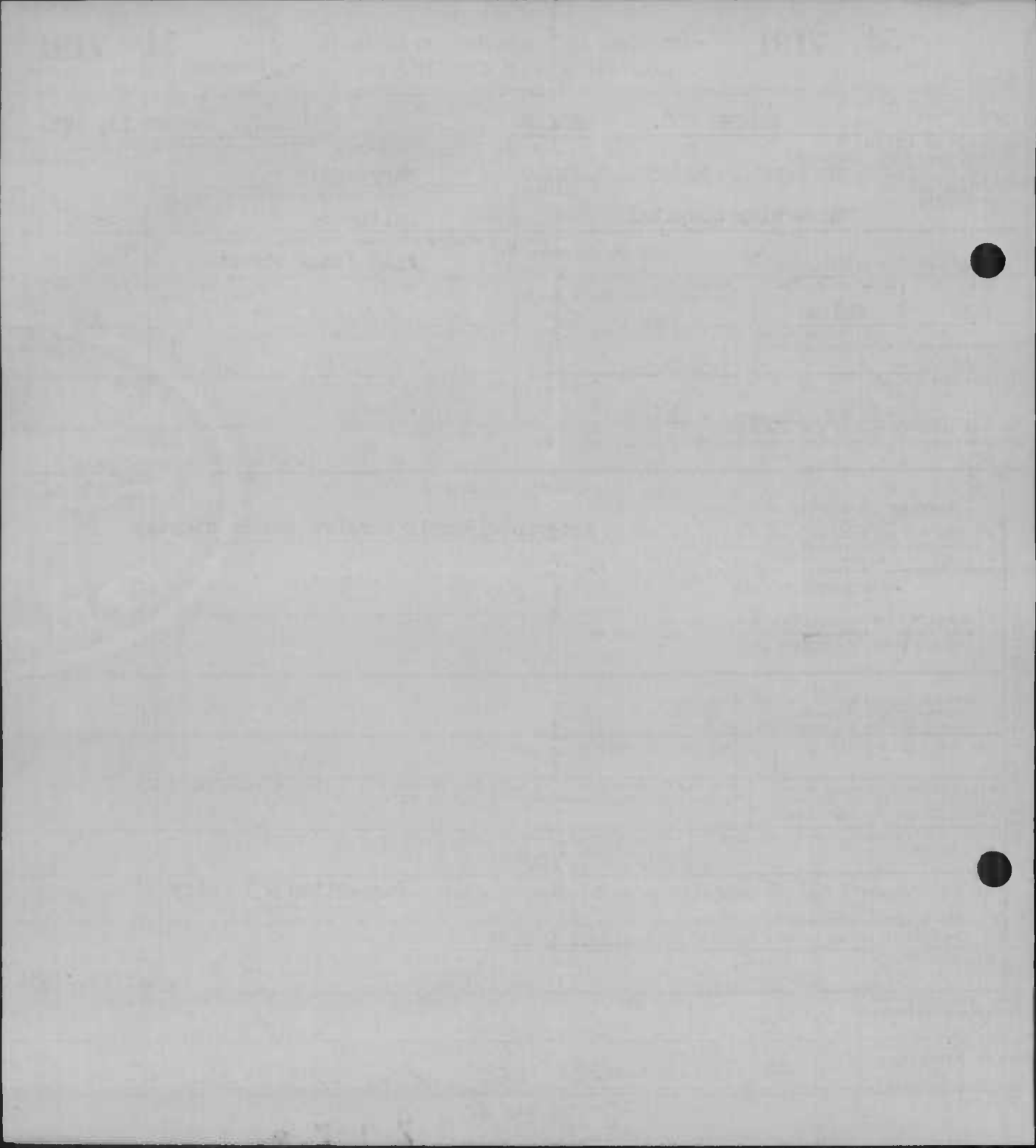
25. FUNERAL DIRECTOR

ADDRESS

Wm. C. Jones 1217 St. Paul St.

VS 151

75016M 007 10936



L 200
51 7192BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7192

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GEORGE LEWIS		2. DATE OF DEATH August 11, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1611 W. Saratoga Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 6-12-1924
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Gen	9. AGE (In years last birthday) 27 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) N.C.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME J		14. MOTHER'S MAIDEN NAME J	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Geo. McKinsty 410 N. Carey St		ADDRESS	

18. **E90161** CAUSE OF DEATHDISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Skull fracture**~~INDEX~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Contusion of brain**

DUE TO

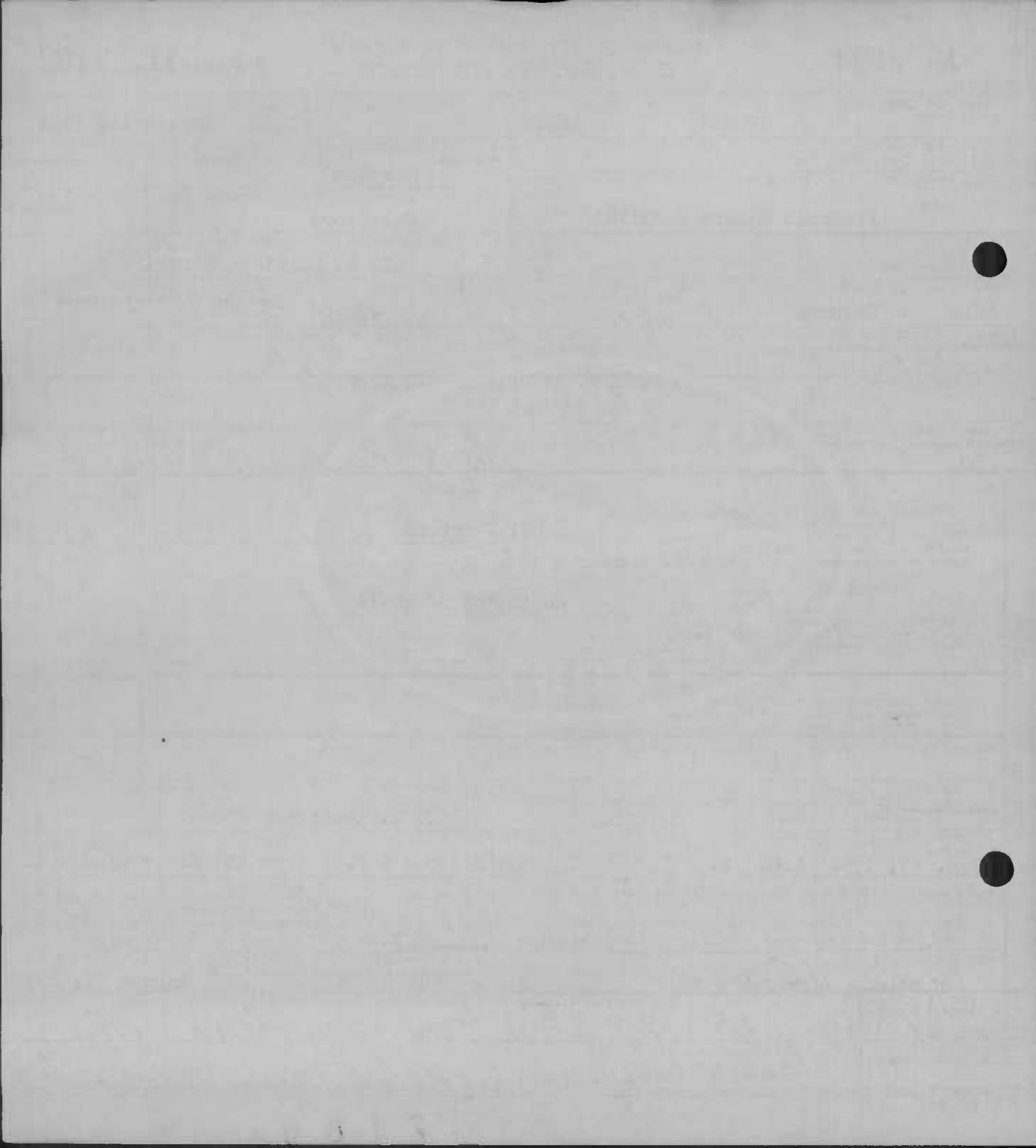
(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Building		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1507 W. Lexington Street	
21D. TIME (Month) (Day) (Year) (Hour) Aug. 11, 1951 4:00 A.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? ground Slipped & fell from 4th floor window to	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE William Williams		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED August 11, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/17/1951		24C. NAME OF CEMETERY OR CREMATORY Mount Zion Cem	
24D. LOCATION (City, town, or county) (State) Lansdowne Md		24E. FUNERAL DIRECTOR Miss Robert Williams 71 Ashford St		24F. ADDRESS 322	
DATE RECEIVED BY LOCAL REGISTRAR 181951		REGISTRAR'S SIGNATURE William Williams		25. FUNERAL DIRECTOR Miss Robert Williams 71 Ashford St	

N 803. ✓ 97699 7 1 80 1862 ✓



51 7193

51 7193

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

120
ND-150345

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lucy Thiebes

2. DATE
OF
DEATH

Aug. 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

8. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals
4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3609 Foster Avenue (24)

C. Length of stay in Baltimore

57 Yrs.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 26, 1881

9. AGE (in years
last birthday)

69

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

House Work

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Fischer

14. MOTHER'S MAIDEN NAME

Christine

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records : 4940 Eastern Avenue

18. E-903.01 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral vascular accident-left side

DUE TO

10 Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive arteriosclerotic cardio-
vascular disease

DUE TO

15 Yrs. ?

(C) CERTIFICATION APPROVED BY

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.M. D.
CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION

7-16-51

19B. MAJOR FINDINGS OF OPERATION

Fracture of neck of r. Hip

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)

3609 Foster Avenue (24)

21D. TIME (Month) (Day) (Year) (Hour)

7-6-51

21E. INJURY OCCURRED

WHILE AT ☐ WORK NOT WHILE ☒ AT WORK

21F. HOW DID INJURY OCCUR?

Fell at home - Slipped & fell to floor

22. I hereby certify that I attended the deceased from 7-13, 1951, to 8-14, 1951, that I last saw the
deceased alive on 8-14, 1951, and that death occurred at 8:45p m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Crogen M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

8-15-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

August 18 1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county) (State)

4430 Belair Rd. Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

C. Williams

25. FUNERAL DIRECTOR

ADDRESS

Charles S. Giebel 901 S. Conkling St.

VS 150

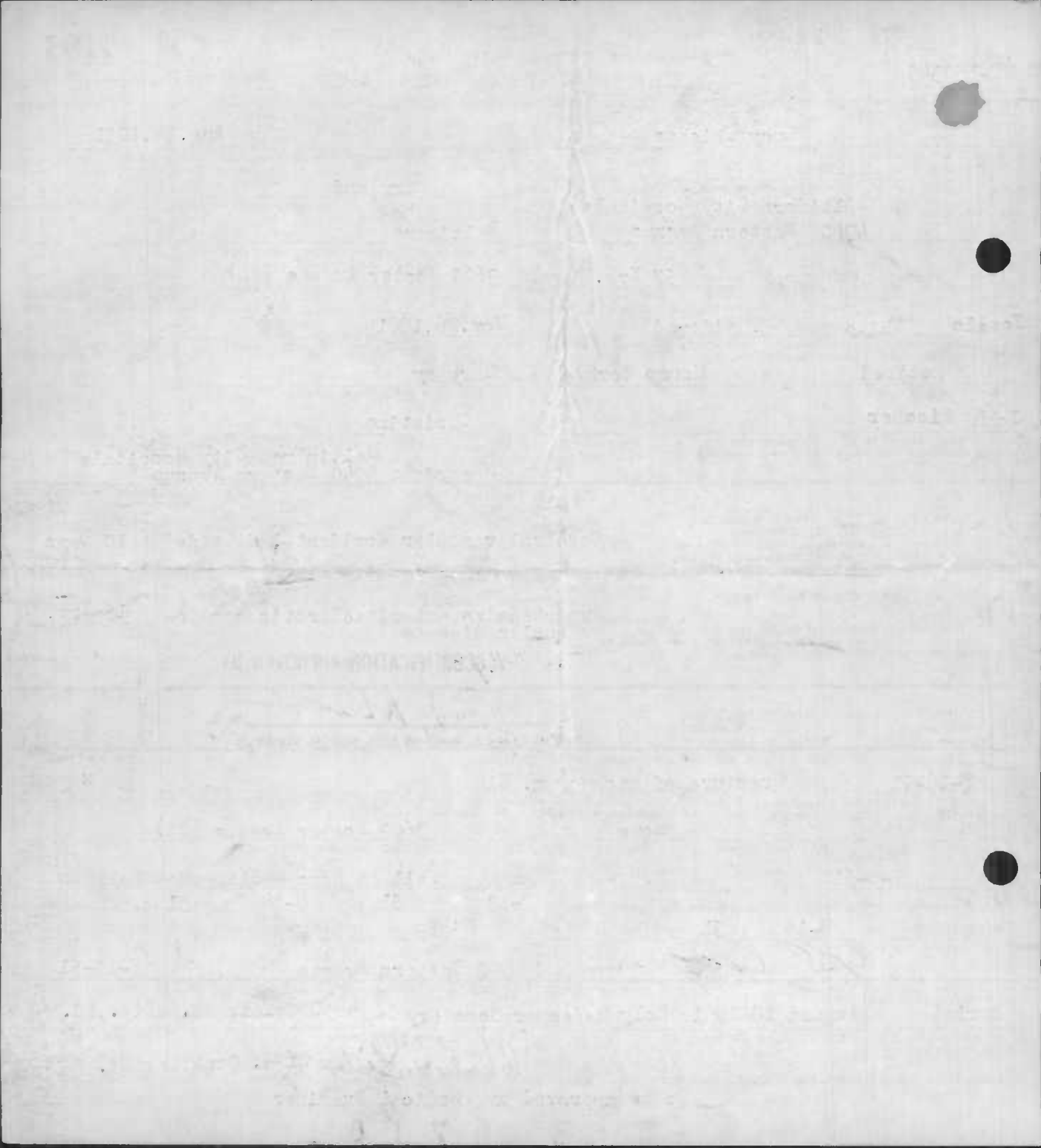
To be approved by Medical Examiner

N-820.1

1951 7181

186a

MEDICAL CERTIFICATION



51 7194

51 7194

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROBERT A. FALKENSTEIN SR.

2. DATE
OF
DEATH

August 15, 1951.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1020 S. Clinton St.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1020 S. Clinton St.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

August 16, 1884

9. AGE (in years last birthday)

66

11 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Restaurant-Keeper

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

William Falkenstein

14. MOTHER'S MAIDEN NAME

Margaret Lundsberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT ADDRESS
Anna Falkenstein 1020 S. Clinton St.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Rival
to Myocardium

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

June 12-51

19B. MAJOR FINDINGS OF OPERATION

Coronary - Myocardial to Pericardial Neck

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID INJURY OCCUR?
(If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 12, 1951, to Aug 15, 1951, that I last saw the deceased alive on Aug 15, 1951, and that death occurred at 2:15 m., from the causes and on the date stated above.

23A. SIGNATURE

Charles J. Zeigler

M. O.

23B. ADDRESS

3426 Bush St

23C. DATE SIGNED

Aug 17-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

August 18, 1951

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

7225 Eastern Ave. Balto. Co., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Falkenstein

25. FUNERAL DIRECTOR

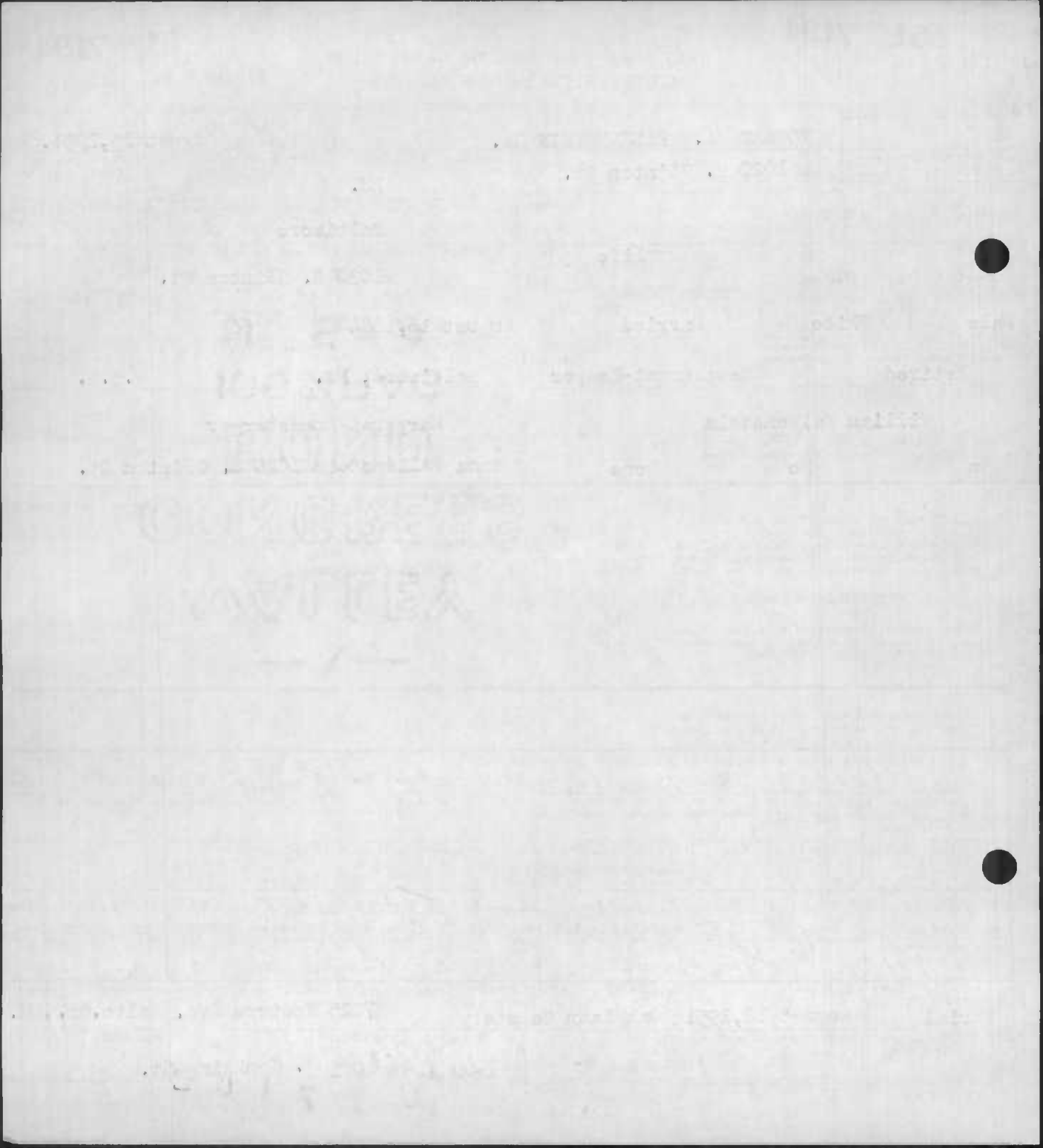
Charles J. Zeigler 301 S. Conkling St.

ADDRESS

VS 150

29064 0007 852a

MEDICAL CERTIFICATION



324
51 7195BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7195
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARCELLA L. NOETZEL

2. DATE
OF
DEATH

Aug - 14 - 51

3. PLACE OF DEATH:

a. Baltimore City, Maryland 4722 Delaware

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

before admission)

b. FULL NAME OF (If not in hospital or institution, give street address
location)
HOSPITAL OR
INSTITUTIONc. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore City, Md

d. STREET ADDRESS (If rural, give location)

27-16

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years;
last birthday)11 Under 1 Year
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)22. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from Sept 1, 1950 to Aug 14, 1951, that I last saw the
deceased alive on Aug 14, 1951, and that death occurred at 10²⁸ p. m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 18 1951

VS 150

39095 10007 104636

Dr Milton Lowman.
4843 Park Heights Ave.

Li 2536

51 7196

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 51 7196

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>LENA J C HART</u>		2. DATE OF DEATH <u>Aug 15-51</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>3300 Hayward Ave</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY <u>3300 Hayward Ave</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
		<u>Balto - 15th Md</u>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
		<u>27-17</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb - 6 - 1873</u>
		9. AGE (In years, last birthday) <u>6-8</u> 79	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
<u>housewife</u>		<u>housewife</u>	
13. FATHER'S NAME <u>unknown</u>		14. MOTHER'S MAIDEN NAME <u>unknown</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
		17. INFORMANT <u>Mrs Lena Mc Neal Hayward</u>	

18. <u>420.0 I</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) <u>Arteriosclerotic Heart Disease with Myocardial Decompensation</u> DUE TO		<u>6 months</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <u>Same as above</u> DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C) <u>Peripheral Vascular Disease (Arteriosclerosis) with Gangrene of Lower Extremities</u>	<u>1 month</u>

19A. DATE OF OPERATION <u>0</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/11, 1951, to 8/15, 1951, that I last saw the deceased alive on 8/13, 1951, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE <u>B.B. Brandon, M.D.</u>	23B. ADDRESS <u>2510 Pinebrook Rd., City 9</u>	23C. DATE SIGNED <u>8/16/51</u>
--	--	---------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <u>Aug 18-51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Lorraine</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore, Maryland</u>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <u>William Williams</u>	25. FUNERAL DIRECTOR <u>Loring Byers 5005 Phyllis Ave</u>	

VS 158 1951
AUG 18 1951

093d

MEDICAL CERTIFICATION

D. R. R. Brandon.

~~2810~~ Pinbrush Rd. To 3837
2510 PINBRUSH

425

51 7197

BALTIMORE CITY HEALTH DEPARTMENT

51 7197

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Shinley Mae Nelson

2. DATE

OF

DEATH

8-16-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

Anne Arundel

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

University of Md. Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Elgheart

Box 192A

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

2-3-51

9. AGE (In years last birthday)

16 yrs. 6

If Under 1 Year Months Days

13

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Nelson

14. MOTHER'S MAIDEN NAME

Viola Nelson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Box 192A

ADDRESS

Mother

Elgheart, Md.

18. 773.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Respiratory failure during diagnostic + ic pneumoencephalogram

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Malnutrition + retarded development

(C) Etiology unknown

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

8-16-51

19B. MAJOR FINDINGS OF OPERATION

Not completed

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER- LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-15, 1951, to 8-16, 1951, that I last saw the deceased alive on 8-16, 1951, and that death occurred at 1:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Matcalf

M. D.

23B. ADDRESS

2407 E. Lincoln Ave.

23C. DATE SIGNED

8-17-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial Aug 19/51

Johns Nestley

Waterbury

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 18 1951

Huntington Williams, M.D.

J. B. Johnson

Baltimore

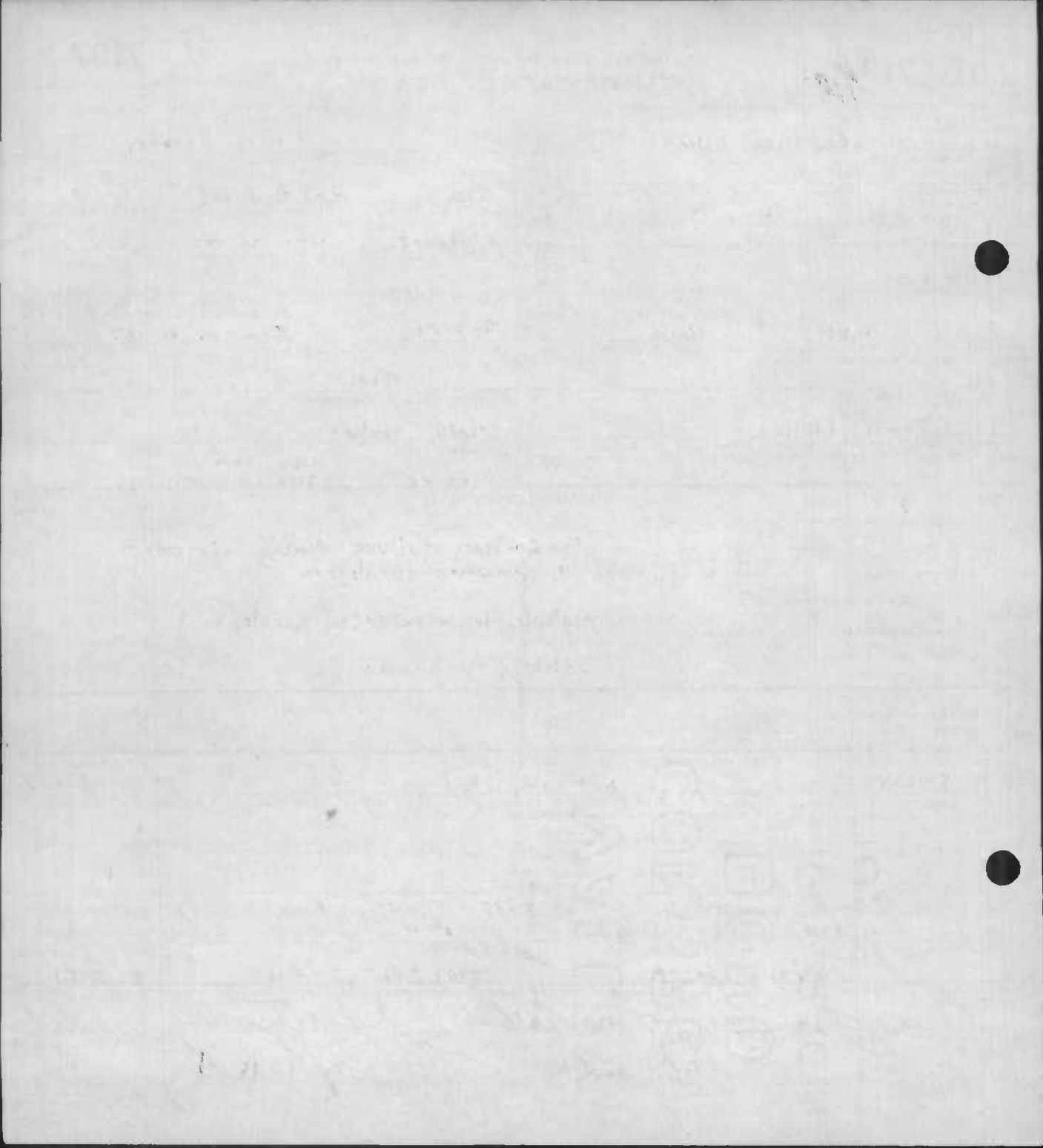
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AUG 18 1951

Huntington Williams, M.D.

158

MEDICAL CERTIFICATION



495991 0007 46 R Glen Burnie Md

See Document File 51-7198

9/20/51

ES

425

51 7199

51 7199

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret Gleason

2. DATE
OF
DEATH

Aug. 15-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1611 Lamont Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, in institution; residence before admission)

A. STATE Maryland B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 9-09

D. STREET ADDRESS (If rural, give location)

1611 Lamont Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

B. DATE OF BIRTH

Apr. 18-1881

9. AGE (In years
last birthday)

69

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Gleason

14. MOTHER'S MAIDEN NAME

Bridget Tewey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mr. Richard Gleason

ADDRESS

1611 Lamont

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

Cerebral hemorrhage

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Essential hypertension

10 years

Hypertensive heart disease

4 years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1944 to Aug. 15, 1951, that I last saw the deceased alive on Aug. 15, 1951, and that death occurred at 10:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. H. Stenzon

M. O.

23B. ADDRESS

1520 E. 33rd St.

23C. DATE SIGNED

8-17-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8/18/51

24C. NAME OF CEMETERY OR CREMATORY

Mt Maria

24D. LOCATION (City, town, or county)

Towson Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

AUG 18 1951

REGISTRAR'S SIGNATURE

William H. Stenzon

25. FUNERAL DIRECTOR

H. J. Luck 5305 Mayford Rd

ADDRESS

VS 150

1951000749846

MEDICAL CERTIFICATION

UNITED STATES
NAVY
OFFICE

15705 331d

51 7200

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7200

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CHESTER A. FULTON		2. DATE OF DEATH August 16, 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY	
b. FULL NAME OF (If not in hospital or institution, give street address or location) 392 Somerset Rd.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 25 yrs.		o. STREET ADDRESS (If rural, give location) 302 Somerset Rd.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 18, 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mining engineer		9. AGE (in years last birthday) 67	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Brooklyn, N.Y.	
13. FATHER'S NAME Charles A. Fulton		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		17. INFORMANT ADDRESS Mrs. Ethel P. Fulton 302 Somerset Rd.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Annie Maginness	

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

Bullet wound of head

18. **E9762 I**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

11
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Cellar

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
302 Somerset Rd.

21d. TIME (Month) (Day) (Year) (Hour) (Minute)
August 16, 1951 2:15 P.M.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?
Firearms

22. I certify that I took charge of the remains described above, held an **Inspection & Inq.** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER
ASSISTANT MEDICAL EXAMINER
MEDICAL INVESTIGATOR

23C. DATE SIGNED
August 17, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

Aug. 18, 1951**Green Mount Cemetery****Baltimore, Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JOHN O. MITCHELL & SONS, 1900 Eutaw Place

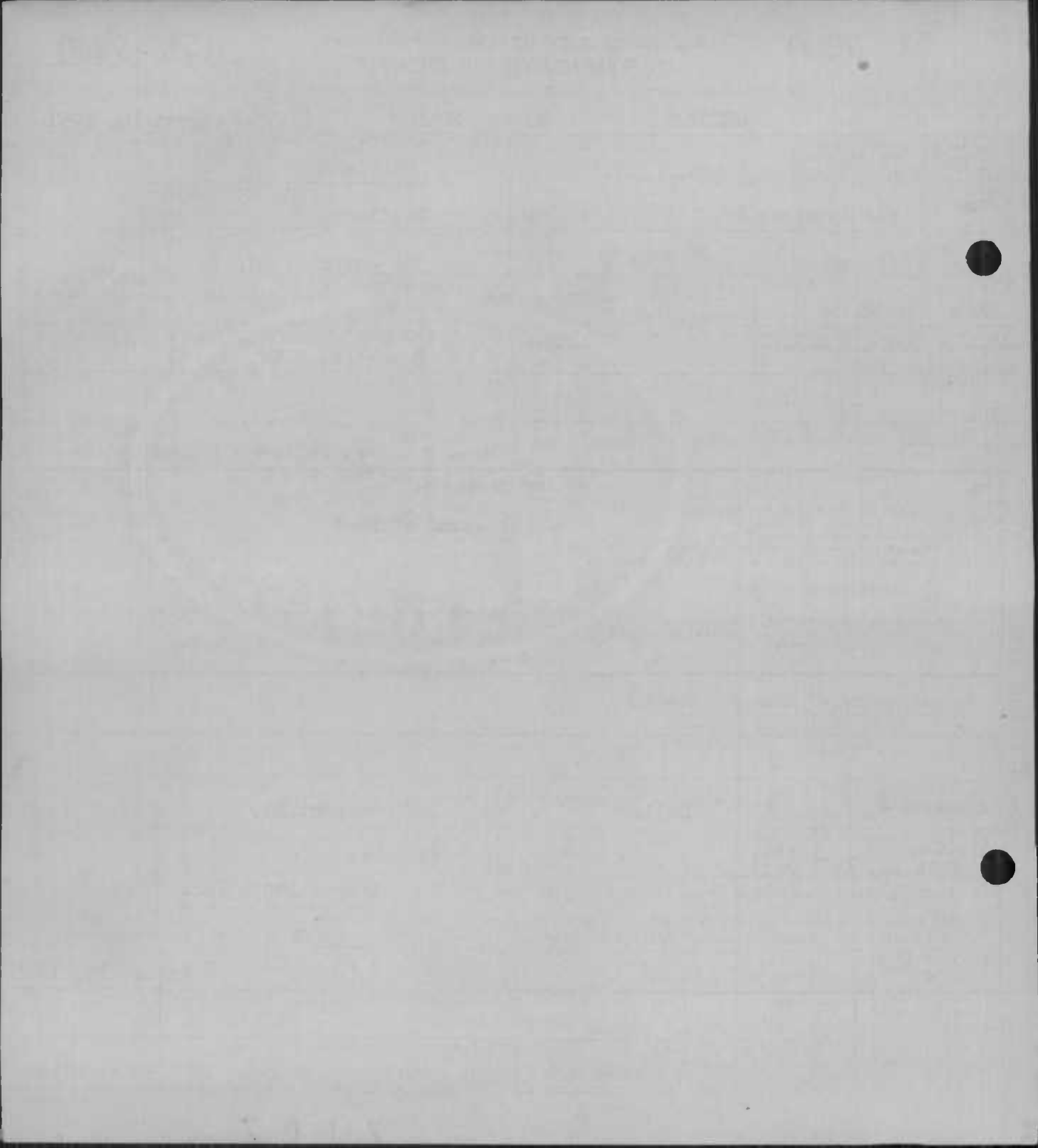
VS 151

A-2534

594821 7187

164c

MEDICAL CERTIFICATION



320 51 7201

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7201

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Martha Raymo Woods

2. DATE
OF
DEATH

August 14, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Hood Nursing Home

5313 Edmondson Ave.

c. Length of stay in Baltimore

life Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

none

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2740 Parkwood Avenue

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

May-12-1880

9. AGE (in years
last birthday)

71

10 Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Franklin B. Woods

14. MOTHER'S MAIDEN NAME

Mary Olivia Raymo

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Benj. J. Freeny

101 W. Monument St.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Lympho - Sarcoma

INTERVAL BETWEEN
ONSET AND DEATH

2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C) DUE TOII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOTWHILE
ATWORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1, 1949, to Aug. 14, 1951, that I last saw the
deceased alive on Aug. 14, 1951, and that death occurred at 4.20 P. M., from the causes and on the date stated above.

23. SIGNATURE

M.D.

23B. ADDRESS

Riviera Beach, Md.

23C. DATE SIGNED

8 - 14 - 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

8 - - 51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell & Sons, Inc. - 1900 Eutaw Place

AUG 18 1951

VS 150

John O. Mitchell

0552

MEDICAL CERTIFICATION



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51

7202 CERTIFICATE CORRECTED 8-31-51

51 7202

536
HLC- 122039BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Herman Anderson

2. DATE
OF
DEATH

8-10-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONBaltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

21-01

D. STREET ADDRESS (If rural, give location)

712 Carroll Atrett

CARROLL ST

C. Length of stay in Baltimore

62 Yrs

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Wid.

8. DATE OF BIRTH

Aug. 23, 1870

9. AGE (in years
last birthday)

80

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Andis Anderson

14. MOTHER'S MAIDEN NAME

Johanna

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B.C.H. Records

4040 Eastern Ave.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic

DUE TO Cardiovascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)INTERVAL BETWEEN
ONSET AND DEATH

Over 1 Yr.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Benign Prostatic- Hypertrophy

Over 1 Yr.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 12, 48, 19, to Aug. 10 51, 19, that I last saw the
deceased alive on Aug. 10, 1951, and that death occurred at 1:45 A.M. from the causes and on the date stated above.

23A. SIGNATURE

J.S. Hogan

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

8-18-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

8/18/51

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24D. LOCATION (City, town, or county)

BALTO, MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

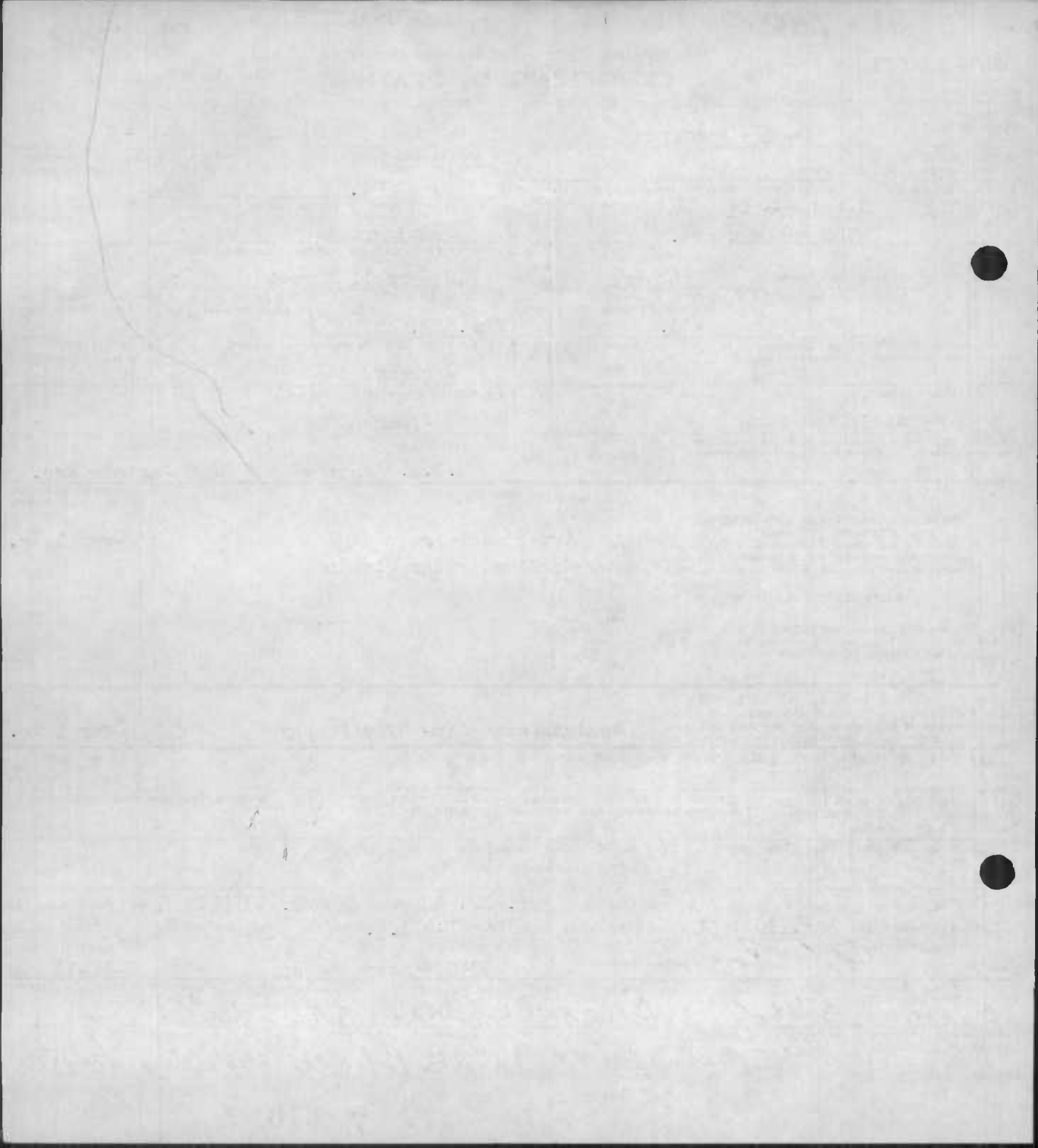
Charles P. Towell 2427 Edmondson Ave

AUG 18 1951

VS 150

Released from B.C.H. 8/18/51 8 09 3d

MEDICAL CERTIFICATION



51

7203

CERTIFICATE CORRECTED
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

8-21-51

51

7203

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) William M. SATTERFIELD		2. DATE OF DEATH August 17, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 607 George St.		5. AGE (In years last birthday) 55 y-1-s	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Samuel Satterfield		14. MOTHER'S MAIDEN NAME Penny Bryant	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. 212-07-2622	
17. INFORMANT Mary Wilson		18. CITIZEN OF WHAT COUNTRY? Philadelph	

18. 0143 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Chronic ulcerative tuberculosis		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location:)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an **Inspection & Inq.** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒ **accident** ☐ **suicide** ☐ **homicide** ☐ **undetermined** ☐

23A. SIGNATURE <i>Eugene H. Mays</i>	23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR	23C. DATE SIGNED August 17, 1951
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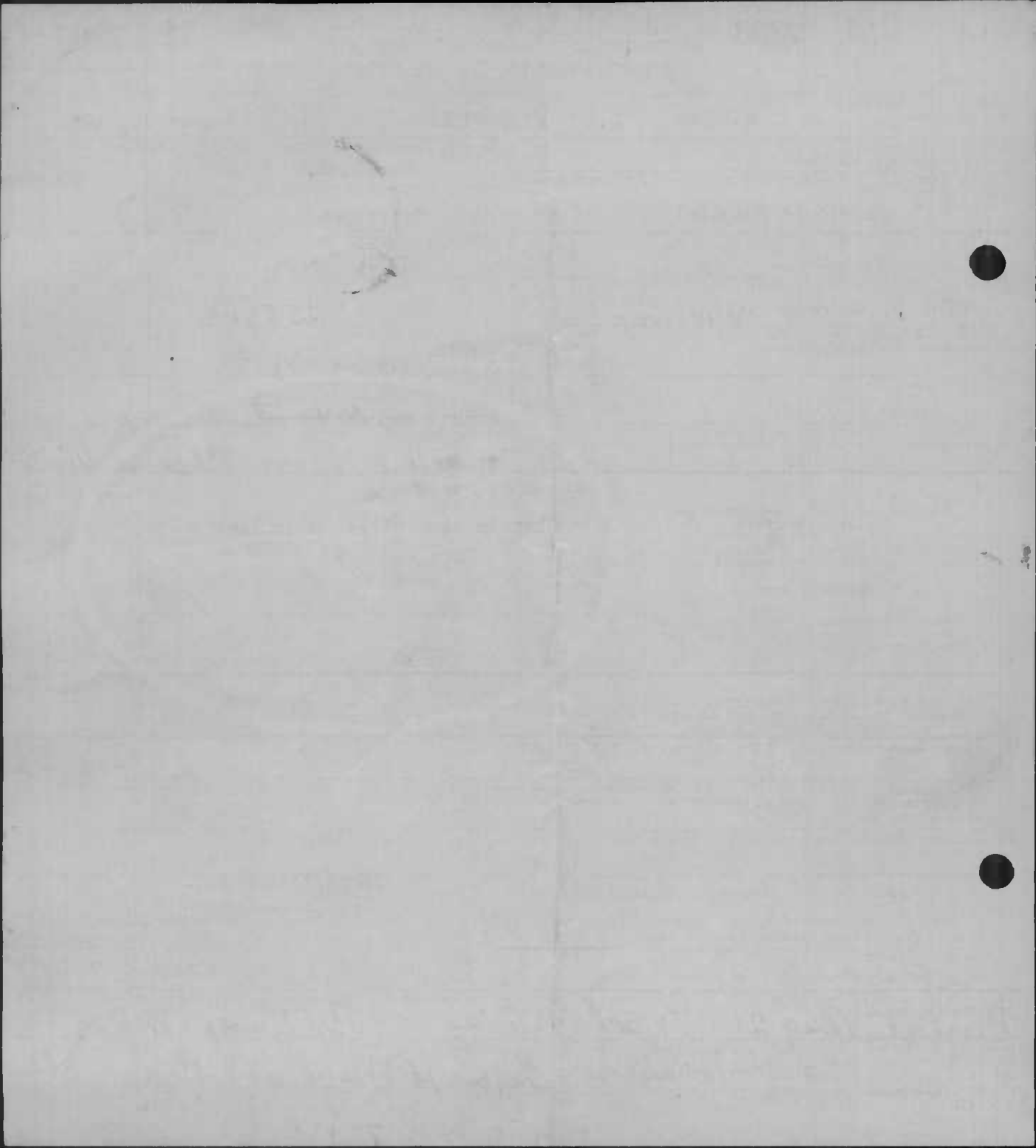
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Aug 21	24C. NAME OF CEMETERY OR CREMATORY Wald Cemetery	24D. LOCATION (City, town, or county) Baltimore Md.
25. REGISTRAR'S SIGNATURE <i>Walter Williams, Jr.</i>		25. FUNERAL DIRECTOR <i>Eugene H. Mays</i>	
DATE RECEIVED BY LOCAL REGISTRAR AUG 18 1951		ADDRESS 609 George St	

V S 151

V.S. 151

51 1000 7190 013C

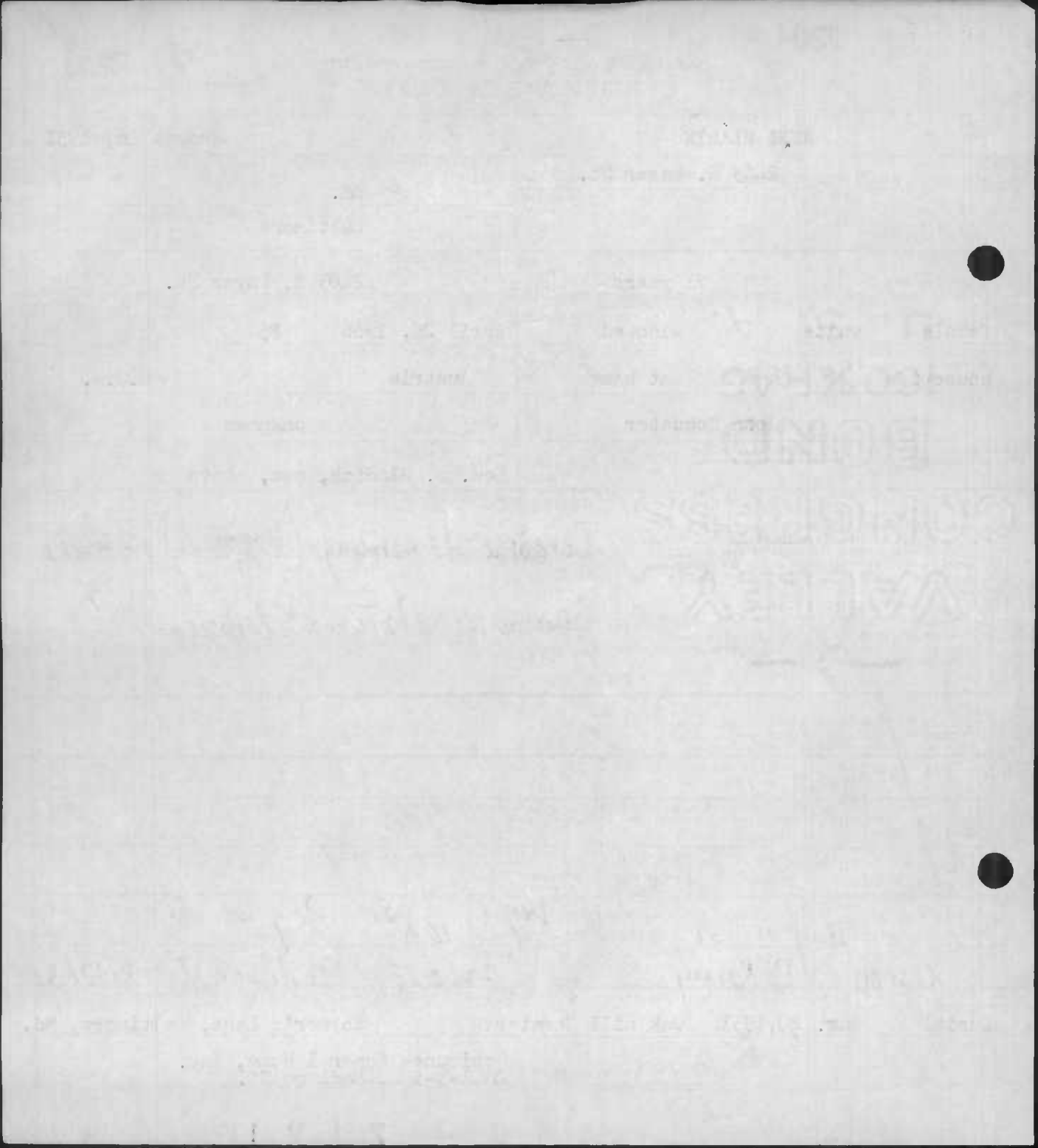
MEDICAL CERTIFICATION



32 51 7204

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7204
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		ANNA HLADICK		August 16, 1951	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)			
A. Baltimore City, Maryland 2403 E. Eager St.		A. STATE Md.		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN		(If outside corporate limits, write RURAL and give township)	
		Baltimore		7-02	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
71 years		2403 E. Eager St.			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
female	white	widowed	April 25, 1866	85	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
housewife		at home		Austria	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
U.S.A.		John Schuster		unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				Edw. R. Hladick, son, above	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
331X I		Cerebral Hemorrhage (apoplexy)		2 weeks	
ANTECEDENT CAUSES		Generalized Arteriosclerosis		2	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from Aug 1, 1951, to Aug 16, 1951, that I last saw the deceased alive on Aug 15, 1951, and that death occurred at 10 A. M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Joseph P. Korman		2200 E. Madison St.		8/17/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		Aug. 20, 1951		Oak Hill Cemetery	
				24D. LOCATION (City, town, or county) (State)	
				Horner's Lane, Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
AUG 18 1951		Washington Williams, M.D.		Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.	



216-51 7205

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7205
Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print) Herman Rossberg

2. DATE

OF DEATH

August 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

St. Agnes Caton & Wilkens Ave.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

7 S. Wickham Rd. #16

C. Length of stay in Baltimore

Yrs.

Mos.

Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

409 26 1881
70 yrs.

9. AGE (in years

last birthday)

69

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired MERCHANT Seafood

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Rossberg

14. MOTHER'S MAIDEN NAME

Eitze

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 4221 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Pulmonary adenoma,
Atherosclerotic Cardiovascular Disease

ANTECEDENT CAUSES

(B)

DUE TO

Cerebral Thrombosis

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/12, 1951, to 8/17, 1951, that I last saw the deceased alive on 8/17, 1951 and that death occurred at 11:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

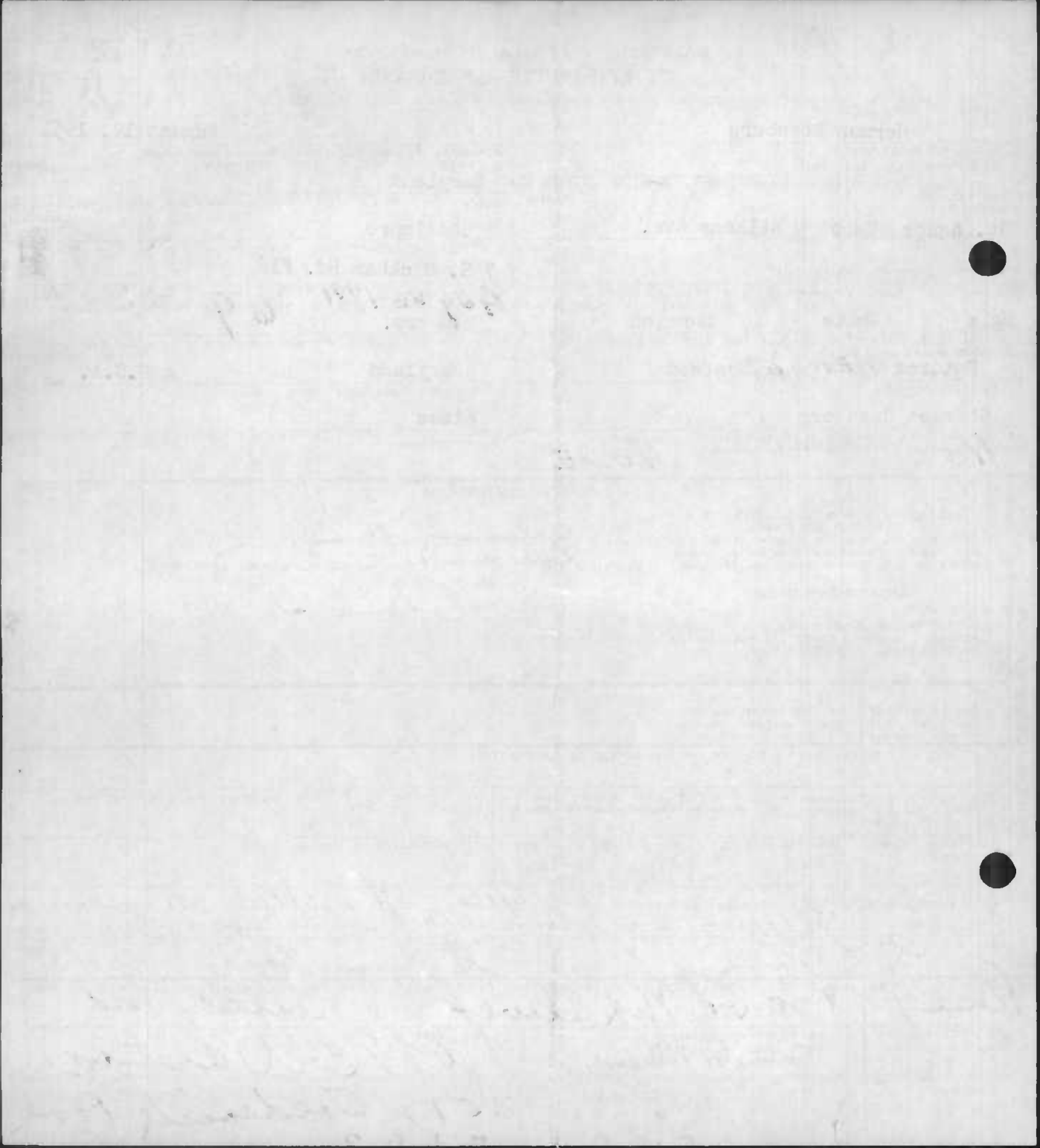
ADDRESS

AUG 18 1951

VS 150

2906A 0932 13512 Frederick Ave

MEDICAL CERTIFICATION



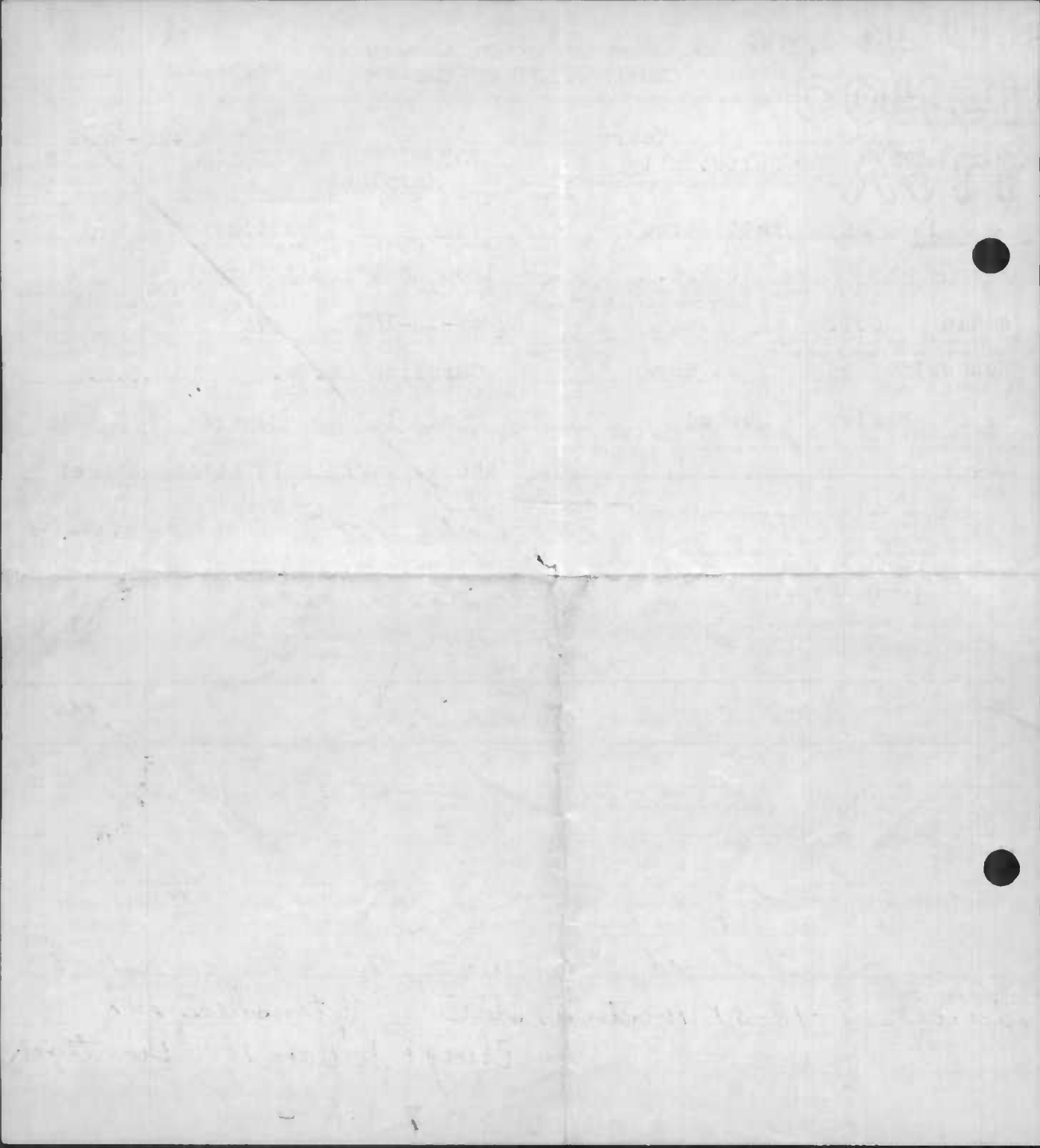
600
51 7206BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7206

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Mary Terry		Aug. 16-1951	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)			
A. Baltimore City, Maryland Balto. City		A. STATE Maryland			
B. FULL NAME OF (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
1536 East Pratt Street		Baltimore 3-01			
D. STREET ADDRESS (If rural, give location)		1536 East Pratt Street			
c. Length of stay in Baltimore 35 Yrs.		Yrs. Mos. Days			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
Female		Col.		Widow	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH	
Housewife		At Home		Oct-16-1877	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		9. AGE (In years last birthday)	
Carolina Co. Va.		U.S.A.		74	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
Bivley Howard		Fannie Howard		No	
16. SOCIAL SECURITY NO.		17. INFORMANT		ADDRESS	
		John S. Terry		2312 Etting Street	
18. 443X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Myocarditis		2-9-51	
DUE TO		(B) Arteriosclerosis		u	
DUE TO		(C) Hypertension		v	
DUE TO		Senility		74	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
0				YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-9, 1951, to 8-12, 1951, that I last saw the deceased alive on 8-12, 1951, and that death occurred at 11 a. m., from the causes and on the date stated above.		23A. SIGNATURE		23B. ADDRESS	
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		8-18-51		Western Star	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
AUG 18 1951		T. Williams		Clayton Wilson 1005 Brantlyard	

19510007190832



460

51 7207

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7207

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Caroline E. Keller

2. DATE
OF
DEATH

8-17-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

601 Springfield Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

27-10

D. STREET ADDRESS (If rural, give location)

601 Springfield Ave.

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

10-21-1919

9. AGE (in years
last birthday)

31

11 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Cyril A. Keller

14. MOTHER'S MAIDEN NAME

Emily Mullan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Emily Keller 601 Springfield Ave.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinomatosis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

20 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Carcinoma of breast

DUE TO

22 hr

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Nov 18 1949

19B. MAJOR FINDINGS OF OPERATION

Radical mastectomy for Carcinoma of breast

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1949, to Aug, 1951, that I last saw the
deceased alive on Aug 16, 1951, and that death occurred at 12:02 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Frederick J. Hallinan

M. D.

23B. ADDRESS

6160 York Road

23C. DATE SIGNED

8-18-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8-20-1951

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

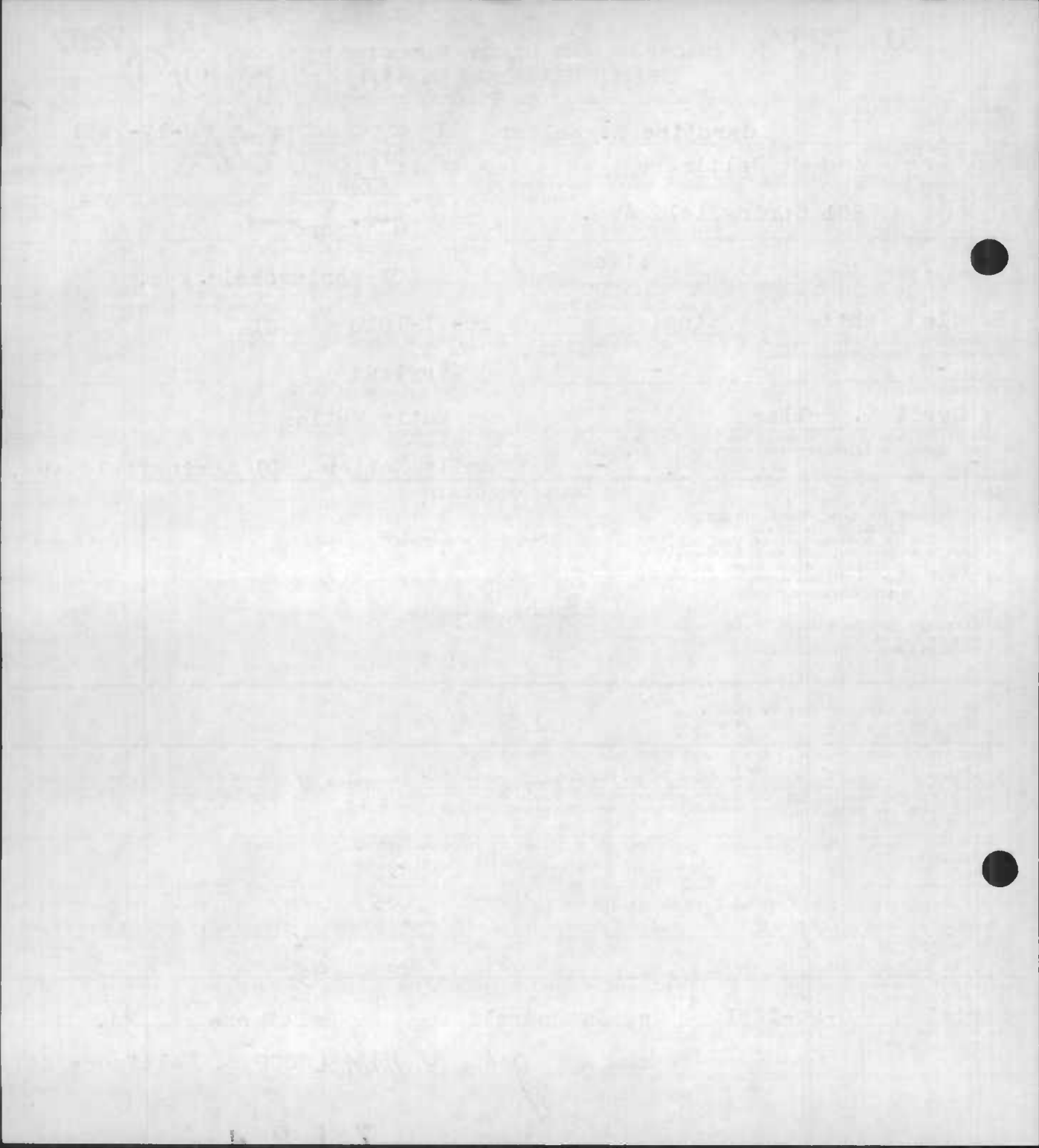
Frederick J. Hallinan

25. FUNERAL DIRECTOR

ADDRESS

John A. Moran

3000 E. Baltimore St.



51 7208

51 7208

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

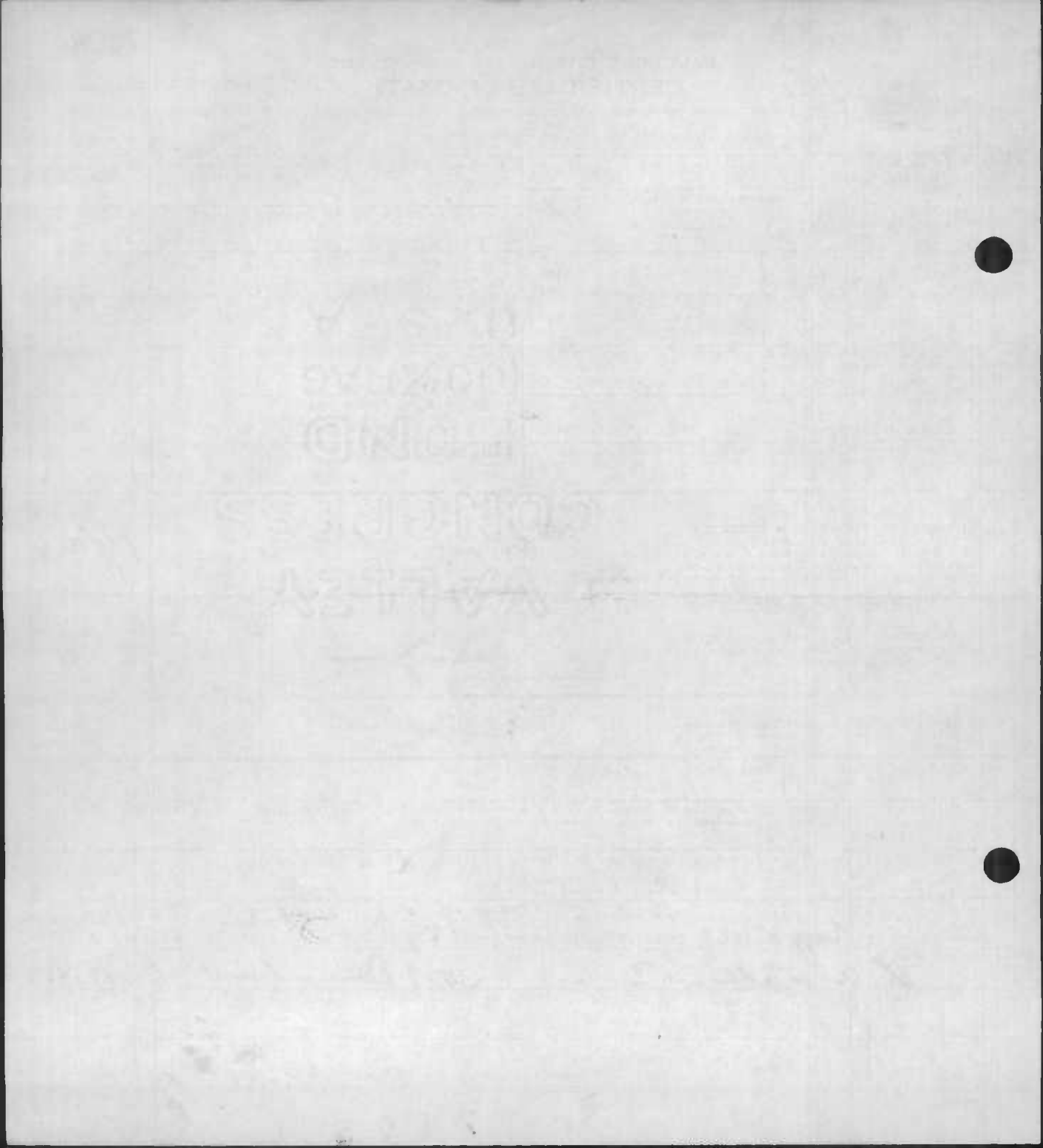
BIRTH NO. _____				1. NAME OF DECEASED (Type or Print) FREDERICK JOSEPH HAMMOND				2. DATE OF DEATH Aug. 16, 1951			
3. PLACE OF DEATH: a. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md. b. COUNTY Baltimore				c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 26-07			
b. FULL NAME OF HOSPITAL OR INSTITUTION 3329 Edmondson Ave.				d. STREET ADDRESS (If rural, give location) 3329 Edmondson Ave.				c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			
5. SEX M		6. COLOR OR RACE W		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 14, 1961		9. AGE (In years last birthday) 90		If Under 1 Year Months: Days Hours: Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Passenger-retired				10b. KIND OF BUSINESS OR INDUSTRY Railway Express				11. BIRTHPLACE (State or foreign country) Balto. Md.			
12. CITIZEN OF WHAT COUNTRY? USA				13. FATHER'S NAME Joseph Hammond				14. MOTHER'S MAIDEN NAME Mary Kelly			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No				16. SOCIAL SECURITY NO. None				17. INFORMANT ADDRESS Mrs. Marie C. Benson 3329 Edmondson Ave.			
18. 59xx DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic Inflammation				CAUSE OF DEATH (A) Chronic Inflammation DUE TO (B) _____ DUE TO (C) _____				INTERVAL BETWEEN ONSET AND DEATH 1 Year			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.											
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.											
19a. DATE OF OPERATION 6				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>				21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) INJURY				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug 15, 1950 , to Aug 16, 1951 , that I last saw the deceased alive on Aug 16, 1951 , and that death occurred at 11 15 p. m., from the causes and on the date stated above.											
23a. SIGNATURE L. A. Lally M.D.				23b. ADDRESS 3517 Edmondson				23c. DATE SIGNED Aug 17, 1951			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/20/51		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.		24d. LOCATION (City, town, or county) (State) Baltimore, Md.					
DATE RECEIVED BY LOCAL REGISTRAR AUG 18 1951				REGISTRAR'S SIGNATURE Wm. J. Tickner				25. FUNERAL DIRECTOR ADDRESS Wm. J. Tickner & Son Inc. Balto. Md.			

VS 150

5170007195

1316

MEDICAL CERTIFICATION



51 7209

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 7209

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. Francis L. Klemm Sr.

2. DATE
OF
DEATH

8/17/51 4:12 PM

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

South Balto. Genl Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Anne A.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Arnold

5700

D. STREET ADDRESS (If rural, give location)

Ferry Point Yacht Basin Marothby River

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 21, 1874

9. AGE (In years
last birthday)

77

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Lawyer

10B. KIND OF BUSINESS OR
INDUSTRY

Self-

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles H. Klemm

14. MOTHER'S MAIDEN NAME

Anna Lucius

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Md.

Mr. Francis L. Klemm Jr. Linthicum, Md.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Coronary artery occlusion - days
with myocardial infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerotic heart disease years
(C) Hypertensive cardiovascular disease years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 15, 1951, to August 17, 1951, that I last saw the
deceased alive on August 16, 1951, and that death occurred at 4:12 PM, from the causes and on the date stated above.

23A. SIGNATURE

Augustin del Campo

M. D.

23B. ADDRESS

1213 Bldg. 1213 Bldg. 1213 Bldg.

23C. DATE SIGNED

8-17-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8/20/51

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

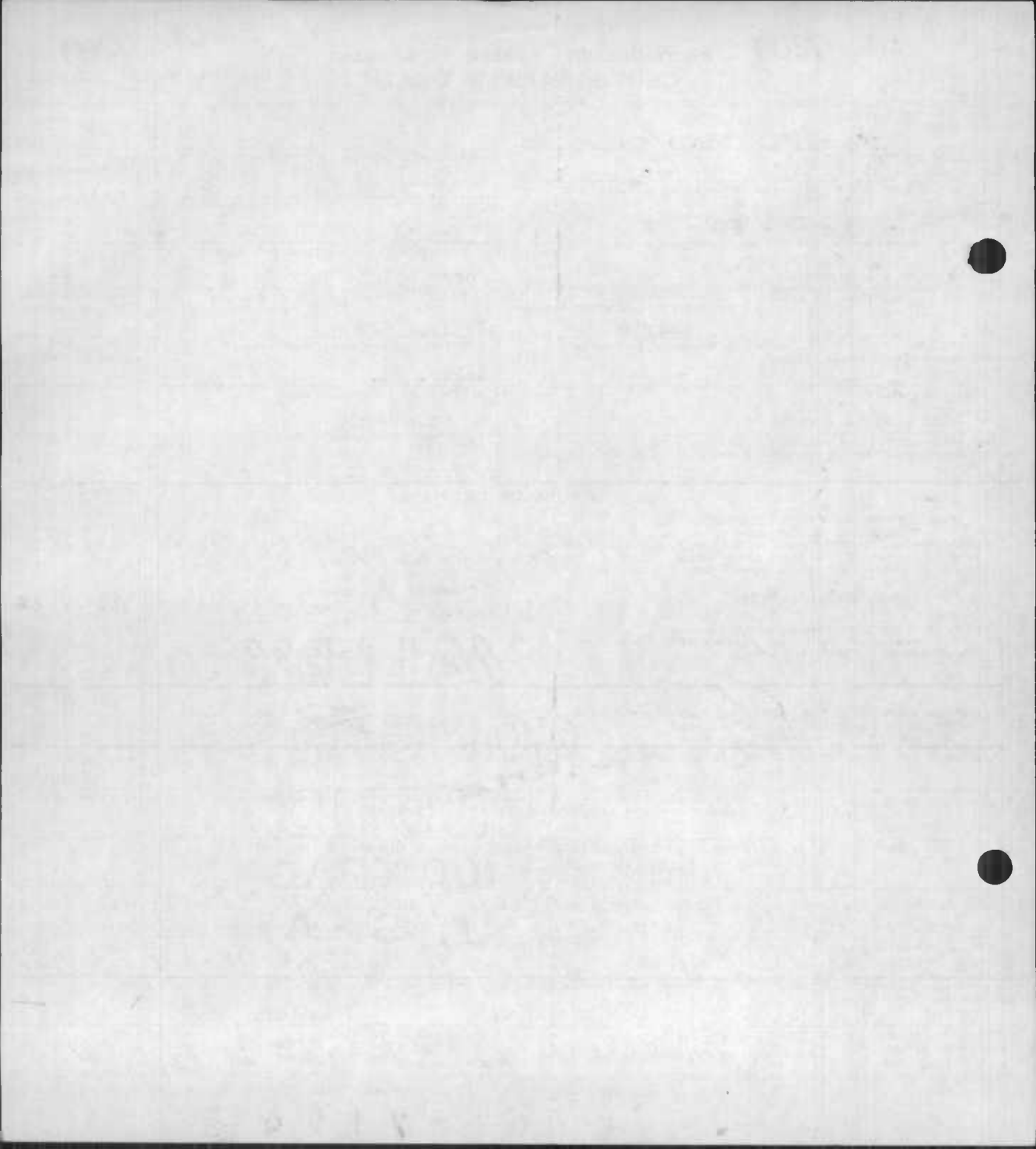
ADDRESS

Wm. J. Tucker & Sons Inc. Balto. Md.

VS 150

1951020719063d

MEDICAL CERTIFICATION



51 7210

CERTIFICATE CORRECTED B-24-51

51 7210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 4

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES WESLEY GOSNELL

2. DATE
OF
DEATH

Aug. 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4114 Edmondson Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Ashburton Nursing Home

3520 Hilton Rd.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1864
Nov. 18 (1864)9. AGE (In years
last birthday)

(86) 86

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

File Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Banking

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Jesse T. Gosnell

14. MOTHER'S MAIDEN NAME

Mary Louise McKenzie

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. C. N. Gosnell 4114 Edmondson Ave.

18. CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebrovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

advanced arterio-sclerosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Jan 1, 1950, to Aug 17, 1951, that I last saw the
deceased alive on Aug 16, 1951, and that death occurred at m., from the causes and of the date stated above.

23A. SIGNATURE

Charles J. Tribbitt

M. D.

23B. ADDRESS

2220 Garrison Blvd

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8/20/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Schner. Sons Inc Balto Md.

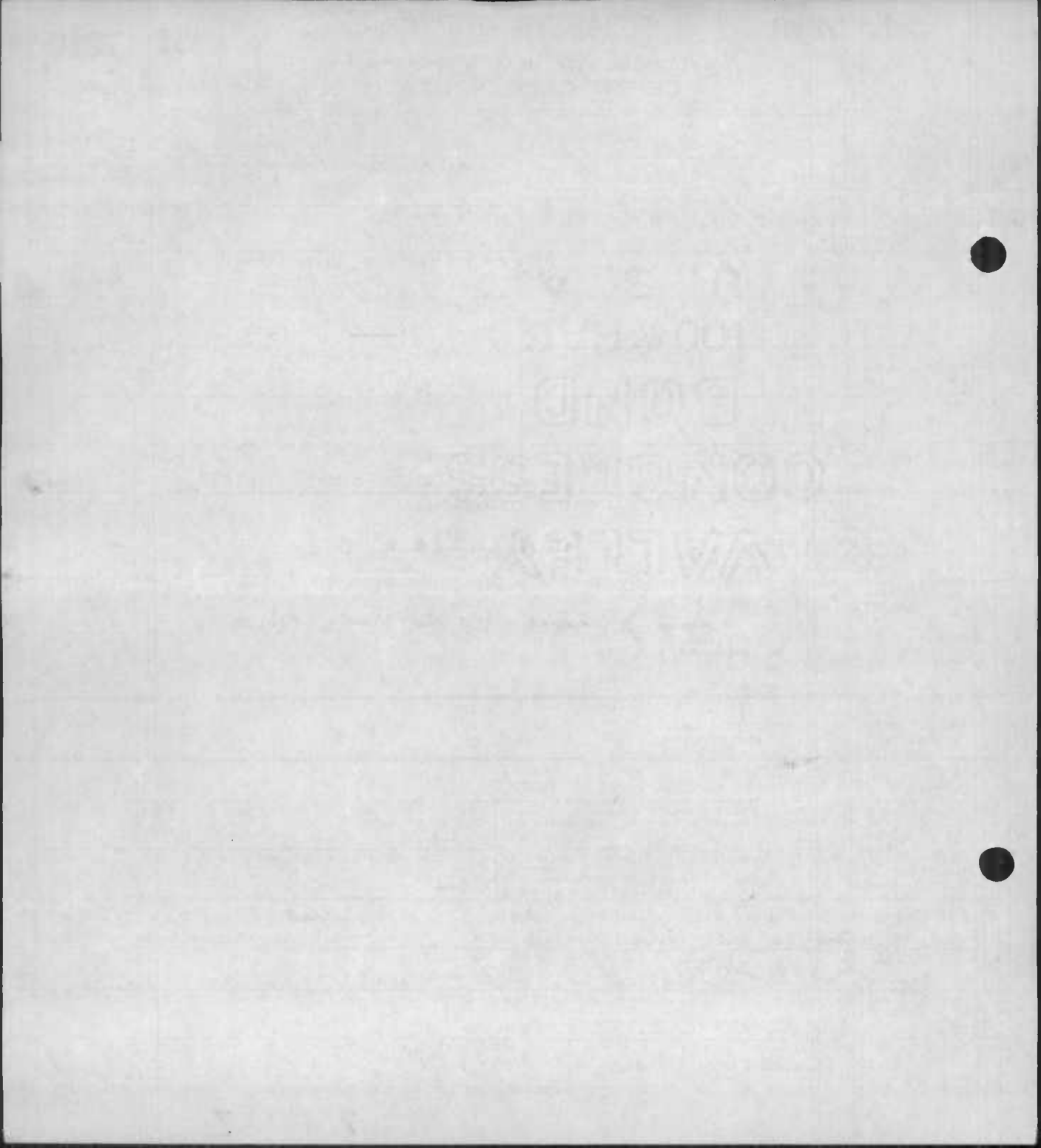
ADDRESS

AUG 18 1951

VS 150

195100071992d

MEDICAL CERTIFICATION



235 51 7211

51 7211

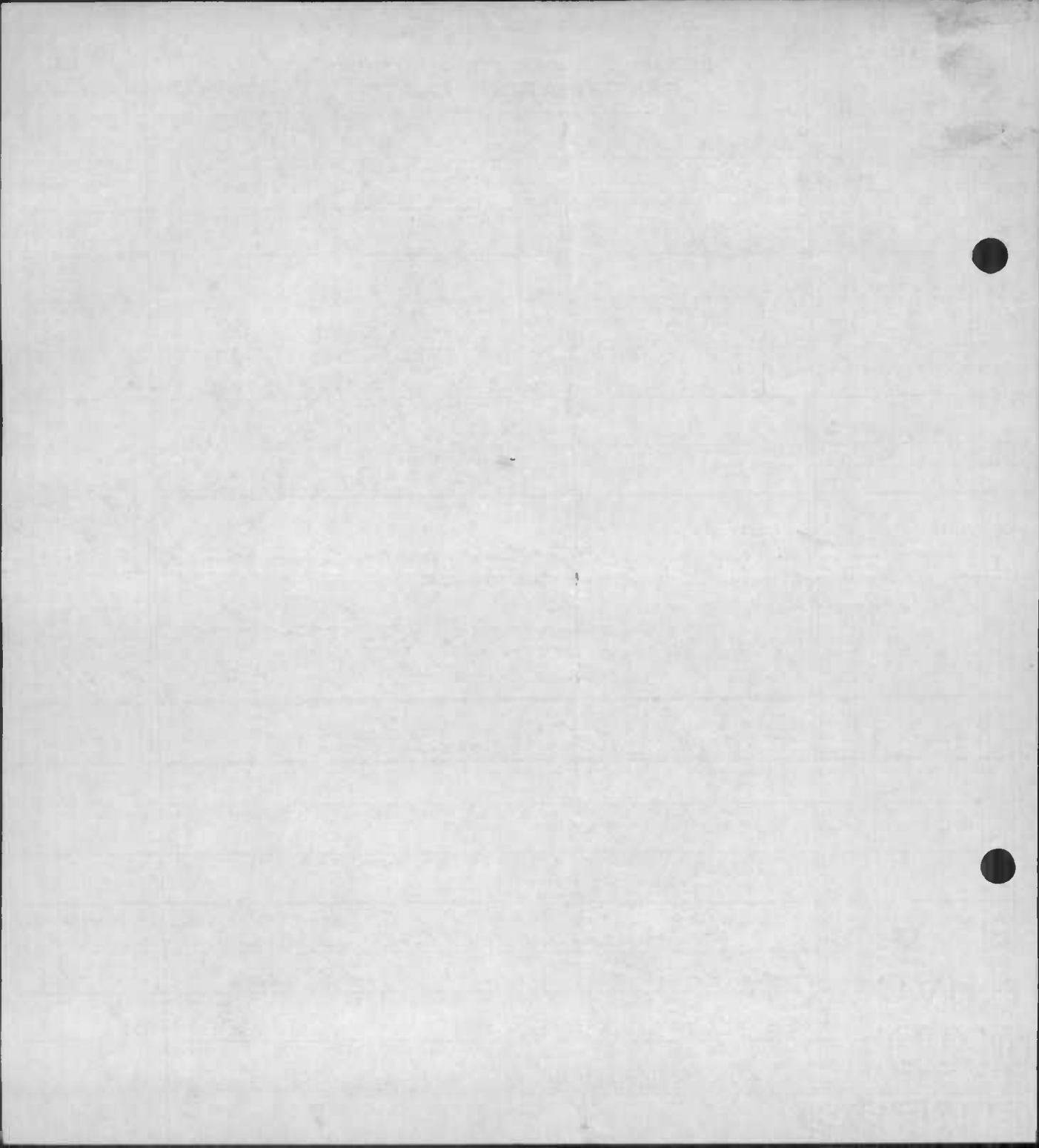
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

1. NAME OF DECEASED (Type or Print) <i>Edward H. Gaston</i>		2. DATE OF DEATH <i>8/16/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1922 Oak Hill Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balt 7-08</i>	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>1922 Oak Hill Ave</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>7/11/866</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>Fidelity Trust & Savings</i>	9. AGE (In years last birthday) <i>65</i>
11. BIRTHPLACE (State or foreign country) <i>Northumberland Co. Pa.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Solomon Patterson Gaston</i>		14. MOTHER'S MAIDEN NAME <i>Lydia M. Matelin</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Robt. P. Gaston 2115 Homewood Ave</i>
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>442X I</i>		CAUSE OF DEATH (A) <i>Cardiovascular Renal Disease</i> DUE TO <i>Disease</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>General Arteriosclerosis</i> DUE TO <i>Hypertension</i> (C) <i>Sudden Death 3/50/PM</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Chr Cystitis -</i>		INTERVAL BETWEEN ONSET AND DEATH <i>9 -</i> <i>9 -</i> <i>8/16/51</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <i>May 28, 1951</i> , to <i>Aug 16, 1951</i> , that I last saw the deceased alive on <i>Aug 16, 1951</i> , and that death occurred at <i>3:50 PM</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Harry Hyatt</i>		23B. ADDRESS <i>1100 E. North Ave</i>	
23C. DATE SIGNED <i>8/17/51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>8/20/51</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Dread Ridge</i>		24D. LOCATION (City, town, or county) (State) <i>Pikesville Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 18 1951</i>		REGISTRAR'S SIGNATURE <i>Stanton Williams, M.D.</i>	
FURNERAL DIRECTOR <i>4th Gok Inc. 1217 St. Paul St</i>		ADDRESS	

51 020719/31a

MEDICAL CERTIFICATION



250
51 7212BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 7212

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John T. Hogan

2. DATE
OF
DEATH

17 August 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Lutheran Hosp. of Md., Inc.

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

MD.

1205 Oakhurst Pl.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore, MD. 16-07

D. STREET ADDRESS (If rural, give location)

1205 Oakhurst Pl.

c. Length of stay in Baltimore

Perm.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Foreman

10B. KIND OF BUSINESS OR INDUSTRY

Cork and Box Co.

13. FATHER'S NAME

Cork and Box Co.

John T. Hogan Sr.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

1205 ADDRESS

Elizabeth Hogan Oakhurst Place

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Myocardial Infarction

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

1 1/2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Coronary Occlusion

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Rheumatic Hrt. Disease & Decompensation 4 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 Aug 1951, to 17 Aug 1951, that I last saw the deceased alive on 17 Aug 1951, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

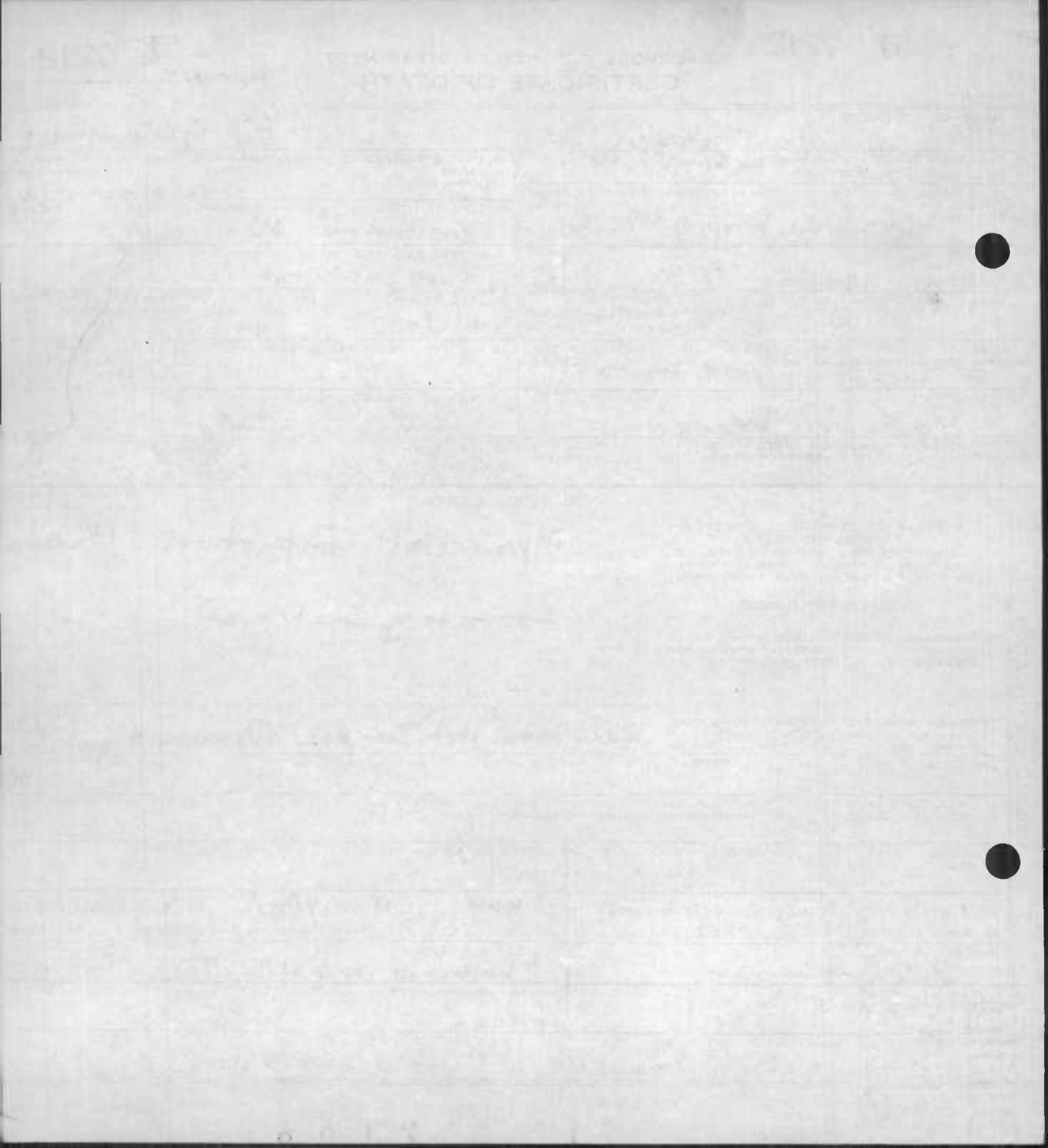
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



360
51 7213BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7213

BIRTH NO.			1. NAME OF DECEASED (Type or Print) Louis Rider			2. DATE OF DEATH 8-17-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY BALTO					
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 53-00					
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 8129 Dundalk Ave #22					
5. SEX m.			6. COLOR OR RACE w.			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) wid.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman			10B. KIND OF BUSINESS OR INDUSTRY Lane Bryant			8. DATE OF BIRTH July 1, 1887		
13. FATHER'S NAME Henry Rider			14. MOTHER'S MAIDEN NAME Katherine Karl			9. AGE (In years, last birthday) 64		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO.			11. BIRTHPLACE (State or foreign country) Balto. Md.		
17. INFORMANT Lola V. Milburn			ADDRESS 8129 Dundalk Ave.			12. CITIZEN OF WHAT COUNTRY?		
18. 470.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(A) DUE TO					
			(B) DUE TO					
			(C)					
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Aug 17 , 19 51 , to Aug 17 , 19 51 ; that I last saw the deceased alive on Aug 17 , 19 51 , and that death occurred at 10:15 A.m. , from the causes and on the date stated above.			23A. SIGNATURE L. Rider			23B. ADDRESS Lutheran Hosp.		
23C. DATE SIGNED 8-17-51			24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 8/21/51		
24C. NAME OF CEMETERY OR CREMATORY London Park			24D. LOCATION (City, town, or county) (State) Balto. Md.					
DATE RECEIVED BY LOCAL REGISTRAR AUG 18 1951			REGISTRAR'S SIGNATURE W. J. [illegible]			25. FUNERAL DIRECTOR W. J. [illegible]		
ADDRESS 1217 St. Paul St.								

73316 0072094a

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of coroner		11. Signature of medical examiner		12. Signature of health officer	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of interment		18. Signature of cremation		19. Signature of other		20. Signature of other	
21. Signature of other		22. Signature of other		23. Signature of other		24. Signature of other	
25. Signature of other		26. Signature of other		27. Signature of other		28. Signature of other	
29. Signature of other		30. Signature of other		31. Signature of other		32. Signature of other	
33. Signature of other		34. Signature of other		35. Signature of other		36. Signature of other	
37. Signature of other		38. Signature of other		39. Signature of other		40. Signature of other	
41. Signature of other		42. Signature of other		43. Signature of other		44. Signature of other	
45. Signature of other		46. Signature of other		47. Signature of other		48. Signature of other	
49. Signature of other		50. Signature of other		51. Signature of other		52. Signature of other	
53. Signature of other		54. Signature of other		55. Signature of other		56. Signature of other	
57. Signature of other		58. Signature of other		59. Signature of other		60. Signature of other	
61. Signature of other		62. Signature of other		63. Signature of other		64. Signature of other	
65. Signature of other		66. Signature of other		67. Signature of other		68. Signature of other	
69. Signature of other		70. Signature of other		71. Signature of other		72. Signature of other	
73. Signature of other		74. Signature of other		75. Signature of other		76. Signature of other	
77. Signature of other		78. Signature of other		79. Signature of other		80. Signature of other	
81. Signature of other		82. Signature of other		83. Signature of other		84. Signature of other	
85. Signature of other		86. Signature of other		87. Signature of other		88. Signature of other	
89. Signature of other		90. Signature of other		91. Signature of other		92. Signature of other	
93. Signature of other		94. Signature of other		95. Signature of other		96. Signature of other	
97. Signature of other		98. Signature of other		99. Signature of other		100. Signature of other	

150 51 7214

51 7214

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Lentz Heiben

2. DATE
OF
DEATH

Aug 17 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

513 S. Chapel St

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE

Md.

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Balto. 2-03

D. STREET ADDRESS (If rural, give location)

513 S. Chapel St.

C. Length of stay in Baltimore

Life

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan 5-1892

9. AGE (In years
last birthday)

59

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

General Work National Can Co

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph Lentz

14. MOTHER'S MAIDEN NAME

Ida King

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

217-01-5790 Ambrose Heiben 513 S. Chapel St

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardiac Hemorrhage

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☒
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/13 to 8/16, 1951, that I last saw the
deceased alive on 8/16, 1951, and that death occurred at 10:45 m. from the causes and on the date stated above.

23A. SIGNATURE

Muriel J. J. J.

M. D.

23B. ADDRESS

2911 Antea Ave.

23C. DATE SIGNED

8/17/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 18 1951

VS 150

Wilmington, Delaware

Dupont Bldg. 1800 E. Dundalk St.

6903D

1007290K

MEDICAL CERTIFICATION

437
51 7215
JL- 83378BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7215
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Laura Clautice		2. DATE OF DEATH 8-16-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City H spitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-13	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 5607 Roland Ave. (Nursing Home)	
5. SEX F	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 24, 1856
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (in years last birthday) 92 94	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) M d.	
13. FATHER'S NAME Joseph Clautice		12. CITIZEN OF WHAT COUNTRY? _____	
14. MOTHER'S MAIDEN NAME Barbara Kalbafus		17. INFORMANT ADDRESS B. C. H. Records, 4940 Eastern Ave.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. _____	

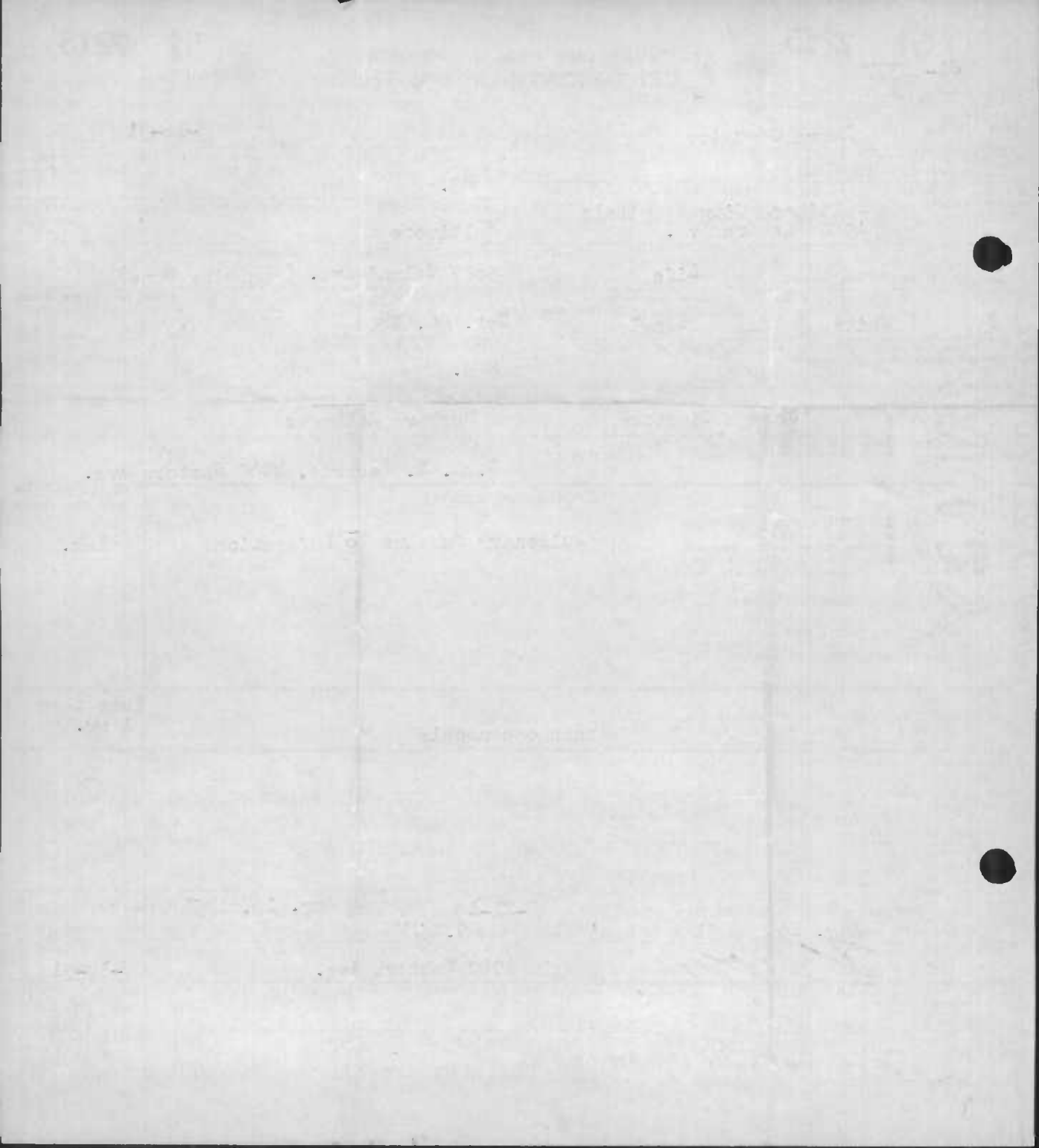
18. 465X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Embolus & Infarction DUE TO (A) _____ (B) _____ (C) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Bronchopneumonia OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH Pulmonary Embolus & Infarction Bronchopneumonia	INTERVAL BETWEEN ONSET AND DEATH 1 wk. less than 1 wk.
--	--	--

19A. DATE OF OPERATION ✓	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **8-21-43**, 19____, to **Aug. 16, 1951**, that I last saw the deceased alive on **Aug. 16**, 19 **51**, and that death occurred at **9.45 PM**, from the causes and on the date stated above.

23A. SIGNATURE [Signature]	23B. ADDRESS 4940 Eastern Ave.	23C. DATE SIGNED 8-17-51
--------------------------------------	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Aug. 20, 1951	24C. NAME OF CEMETERY OR CREMATORY Louisa Park	24D. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR AUG 19 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR ADDRESS Ullrich Funeral Home 2008 Orleans St.	



J-525
51 7216BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7216
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mildred Johnson

2. DATE
OF
DEATH

1951 Aug. 16

3. PLACE OF DEATH:

a. Baltimore City, Maryland Baltimore, Md.

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONBar-Wil-Ba
60 Convalescent Home4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE b. COUNTY

1204 McElderry St. Balto., Md.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore Md.

d. STREET ADDRESS (If rural, give location)

1204 McElderry St. 5-01

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1904

9. AGE (In years
last birthday)

47

10. Under 1 Year

Months: Days: Hours: Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10b. KIND OF BUSINESS OR
INDUSTRY

Private homes

11. BIRTHPLACE (State or foreign country)

Gainesville, Ga.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT

Husband

ADDRESS

909 E. Hill St.
Charlotte, N.C.

18. 190 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Melanosarcoma

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-13-, 1951, to 8-16-, 1951, that I last saw the
deceased alive on 8-13-, 1951, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE

C. K. Campbell

M. D.

23b. ADDRESS

718 Leeshin St.

23c. DATE SIGNED

8-16-51

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

August 22, 1951

24c. NAME OF CEMETERY OR CREMATORY

Charlotte and Carolina

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

Joseph A. Snelg 661 West Bond St

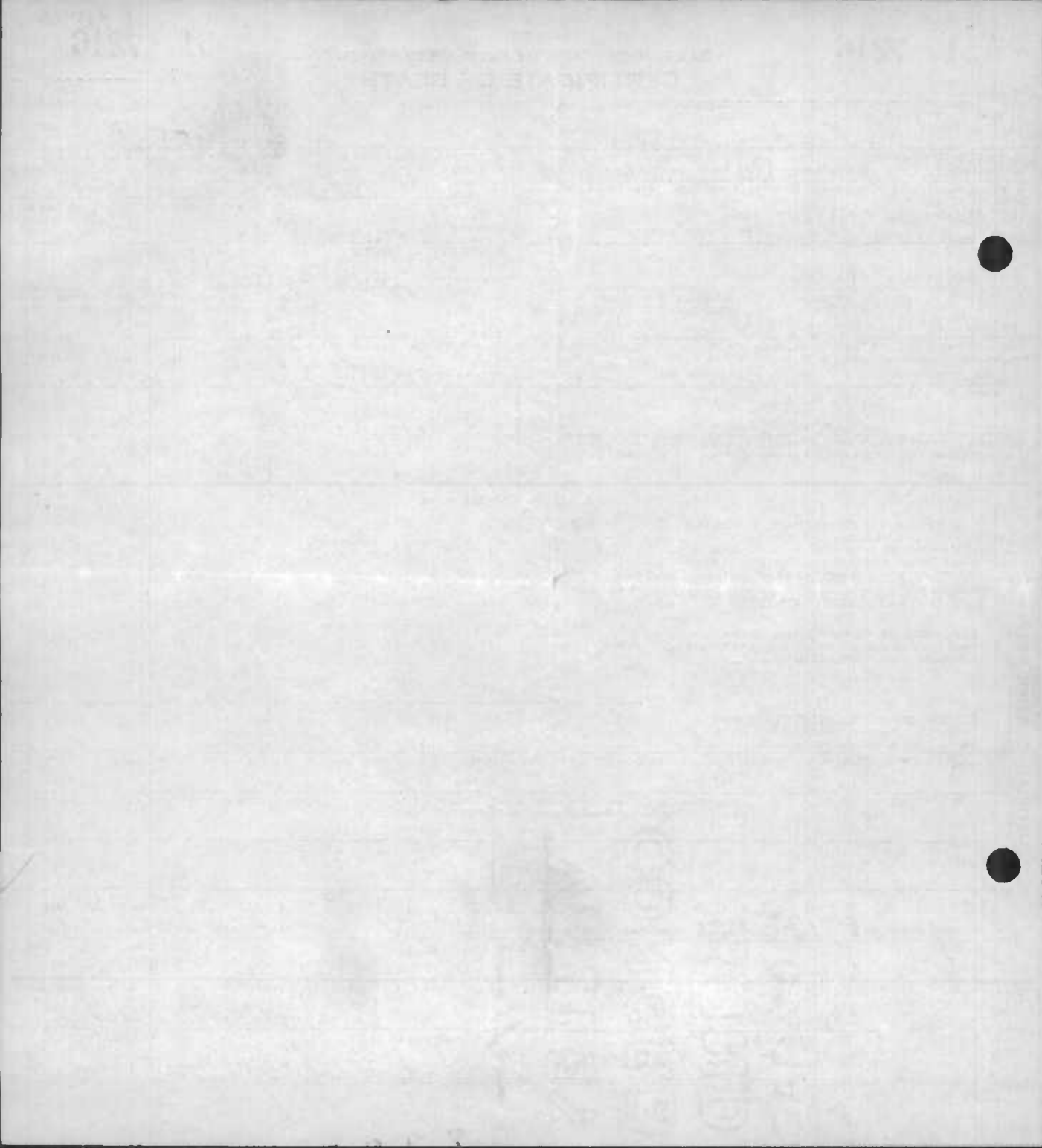
ADDRESS

AUG 19 1951

VS 450

053.0

MEDICAL CERTIFICATION



N-620
51 7217BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7217
Registered No.

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) Frank Nawrocki		
2. DATE OF DEATH Aug. 17/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland 1750 Bank St.		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		
C. Length of stay in Baltimore		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY
13. FATHER'S NAME Joseph Nawrocki		14. MOTHER'S MAIDEN NAME Josephine Gorecki
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Hypertensive Arterio Sclerosis Coronary Arteriosclerosis Bronchial Pneumonia		12. CITIZEN OF WHAT COUNTRY? Poland
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?
21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from March 1950 , to Aug 17, 1951 , that I last saw the deceased alive on Aug 17, 1951 , and that death occurred at 2:40 P.m. , from the causes and on the date stated above.		
23A. SIGNATURE William J. Williams		23B. ADDRESS 2711 Carter Ave.
23C. DATE SIGNED Aug 17 1951		
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE Aug. 20/51	24C. NAME OF CEMETERY OR CREMATORY Sacred Heart
24D. LOCATION (City, town, or county)	24E. LOCATION (City, town, or county)	24F. LOCATION (City, town, or county)
25. FUNERAL DIRECTOR Fred W. Ozaszewski		25. FUNERAL DIRECTOR ADDRESS 19308 Eastern Ave
26. DATE RECEIVED BY LOCAL REGISTRAR AUG 19 1951		26. REGISTRAR'S SIGNATURE William J. Williams
26. REGISTRAR'S SIGNATURE William J. Williams		26. REGISTRAR'S SIGNATURE William J. Williams

MEDICAL CERTIFICATION

1950-1951

1950-1951

1950-1951

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1950-1951

W-253
51 7218BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7218
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		HENRIETTA WAGNITZ		2. DATE OF DEATH August 16, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>BALTO, Md.</u>				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <u>711 Reservoir St.</u>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
C. Length of stay in Baltimore <u>?</u> Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) <u>711 Reservoir Street</u> <u>13-02</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>Feb 1, 1883</u>	9. AGE (In years last birthday) <u>68</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>GERMANY</u>	
13. FATHER'S NAME <u>EDWARD</u>		14. MOTHER'S MAIDEN NAME <u>ANTIE ?</u>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>MRS. ELIA ROCK</u> ADDRESS <u>4814 ARABIA AV</u>	

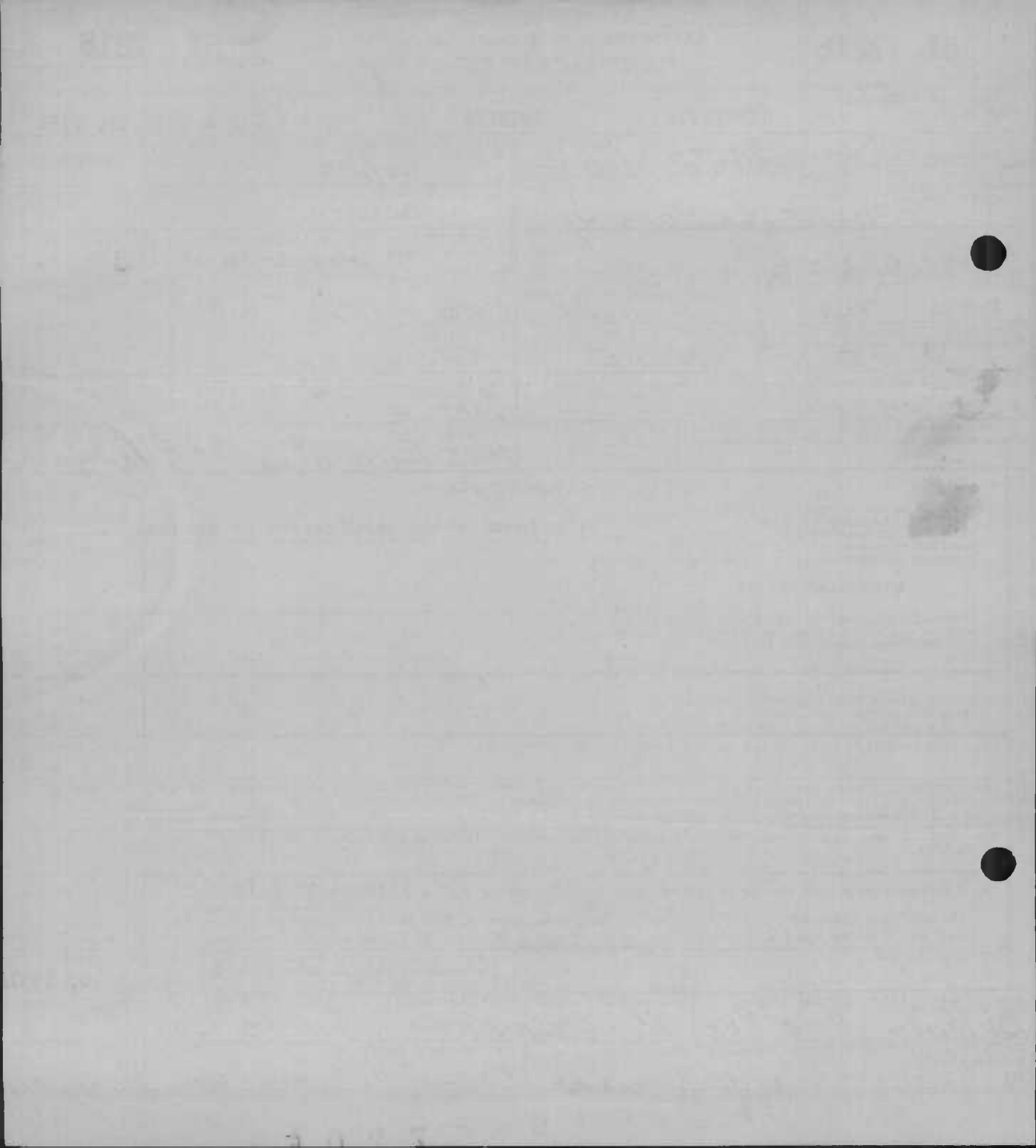
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Arteriosclerotic cardiovascular disease</u>	CAUSE OF DEATH (A) <u>Arteriosclerotic cardiovascular disease</u> DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO (C) 	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED August 16, 1951	

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24B. DATE <u>AUG 20, 51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>MORELAND</u>	24D. LOCATION (City, town, or county) (State) <u>BALTO Co.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>UG 19 1951</u>		REGISTRAR'S SIGNATURE <u>Walter Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>PAUL A. HECHMANN</u> ADDRESS <u>6067 HARFORD</u>

VS 151

093d V RL.



V-500

51 7219

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7219

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BARBARA VANA

2. DATE
OF
DEATH

August 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1228 N. Ellwood Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

C. Length of stay in Baltimore 75 years
Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1228 N. Ellwood Ave. 8-03

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

March 4, 1868

9. AGE (In years
birthday)

83

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Czechoslovakia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mrs. Helen Younger, dght, above

18. 450.1 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerosis generalized

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriovascular gangrene

DUE TO

(C) middle lobe

INTERVAL BETWEEN
ONSET AND DEATH

?

1 week

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 6, 1951, to Aug 16, 1951, that I last saw the
deceased alive on Aug 15, 1951, and that death occurred at 5:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

8/17/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Aug. 20, 1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

4430 Belair Rd. Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

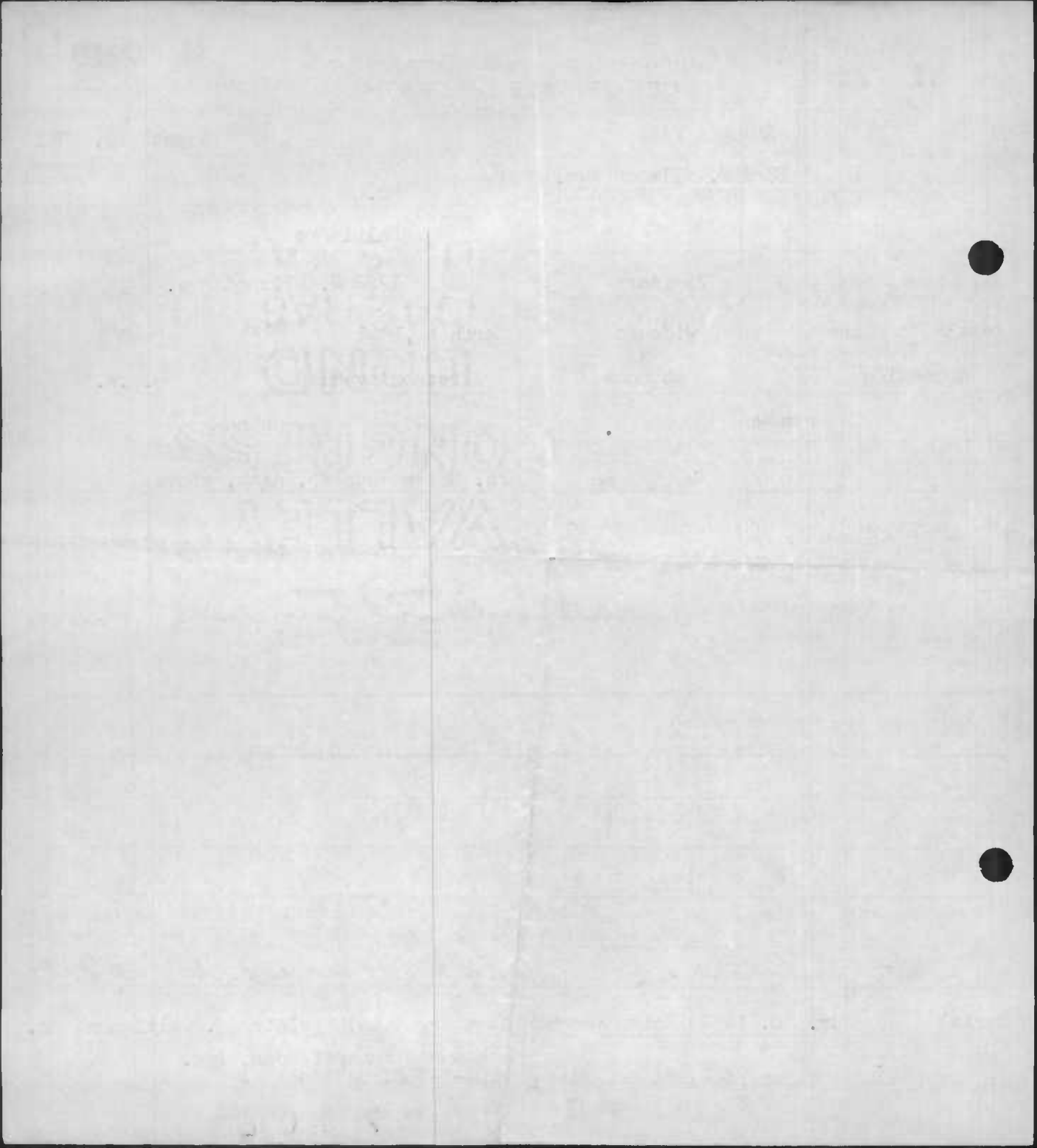
ADDRESS

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

AUG 19 1951

VS 150

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616

51 7220
JL - 146825BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7220
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Schriefer (Charles J. Schriefer)

2. DATE
OF
DEATH

8-16-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or location)
Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

619 N. Montford Ave.

7-02

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 4, 1876

9. AGE (in years

last birthday)

75

If Under 1 Year

Months: Days

I

12

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Shipyard

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Frederick Schriefer

14. MOTHER'S MAIDEN NAME

Margaret Luchhardt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

No

(If yes, give war or dates of service)

None

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Tuberculosis

DUE TO

1-2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

Diabetes Mellitus

2yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK22. I hereby certify that I attended the deceased from 3-16-51, 19, to Aug. 16, 1951, that I last saw the
deceased alive on Aug. 16, 19 51. and that death occurred at 7.10PM from the causes and on the date stated above.

23A. SIGNATURE

D. H. Doyle

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

8-17-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
burial

24B. DATE

8-20-51

24C. NAME OF CEMETERY OR CREMATORY

holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Belair Rd. Balto: Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

George J. Ruth, Inc. - 1735 Harford Avenue

AUG 19 1951

VS 150

510007209/36

MEDICAL CERTIFICATION

1531

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 7221
Registered No.

BIRTH NO. 51 7221

1. NAME OF DECEASED (Type or Print) MELVIN C. SMITH		2. DATE OF DEATH August 18, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD B. COUNTY Balto	
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL Hosp		C. CITY OR TOWN (If outside corporate limits, write RURAL and give town or city) Cockeysville	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) Falls Rd.	
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 20, 1925
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10B. KIND OF BUSINESS OR INDUSTRY gr	9. AGE (in years last birthday) 26
11. BIRTHPLACE (State or foreign country) Balto Co, Md		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME LeRoy Smith		14. MOTHER'S MAIDEN NAME Arabella Powell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. LeRoy Smith, Cockeysville Rd.		ADDRESS	

18. **E873.01**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) **Fracture of Skull**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

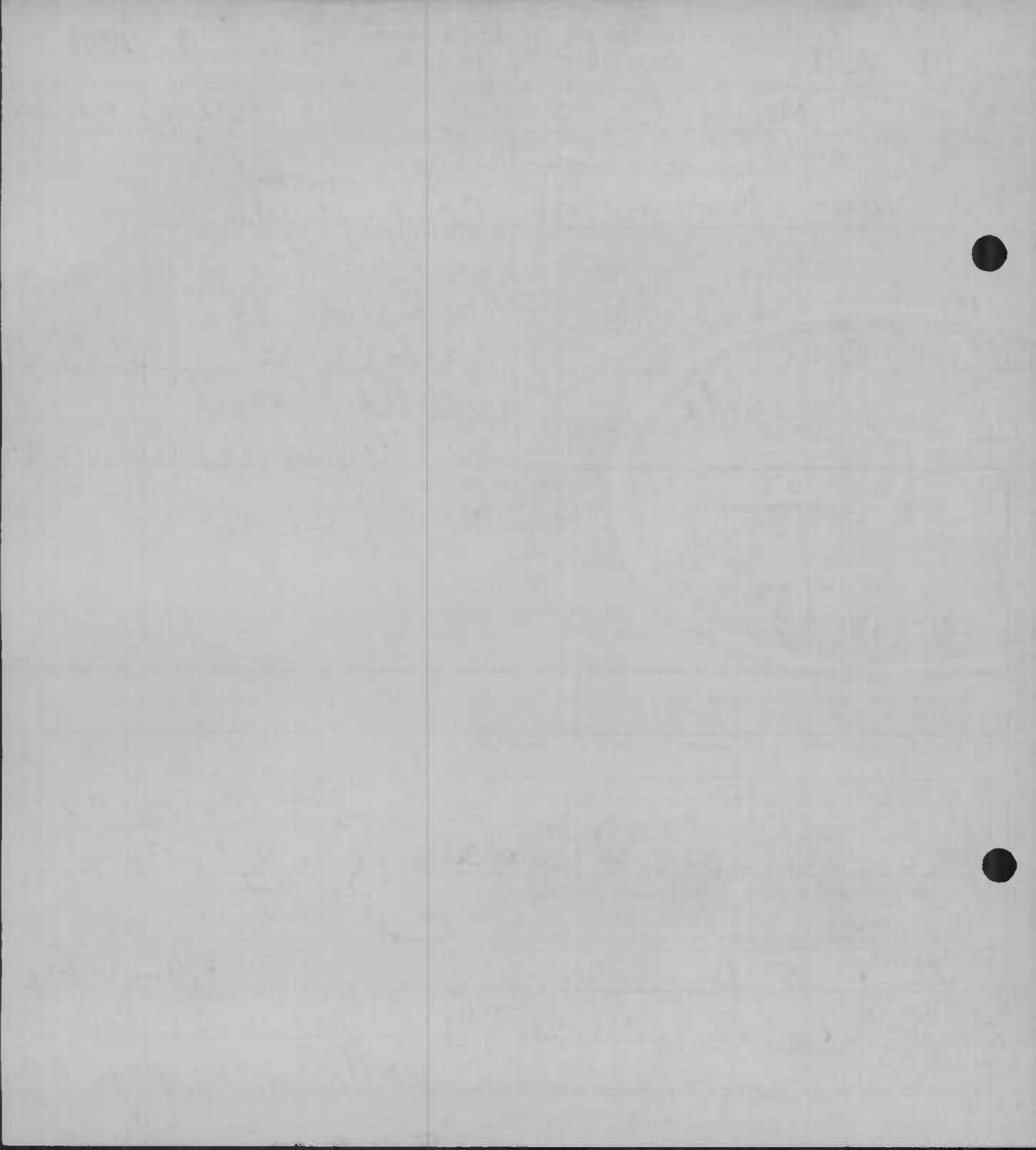
INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Cuba Rd, 1 mile N of Shawan Rd, Cockeysville.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Aug 18, 1951 8 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Driver of truck that hit tree.	
22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased d.ed on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/>					
23A. SIGNATURE Stanley H. Dineen		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER M.D.		23C. DATE SIGNED Aug 19, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8-21-51		24C. NAME OF CEMETERY OR CREMATORY Toughs A.M.E.	
24D. LOCATION (City, town, or county) (State) Cockeysville Balto Co Md		25. FUNERAL DIRECTOR J. Scott Brooks, Park, Md.		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR AUG 19 1951		REGISTRAR'S SIGNATURE William H. Williams			

V S 151

N-803.2-1-51-568398 1700

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W-516
51 7222BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7222
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) IAA WEINBERG		2. DATE OF DEATH 8-18-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland 4613 Park Heights Ave		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mt Sinai Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-62	
c. Length of stay in Baltimore 60 Yrs. 60 Mos. 60 Days		D. STREET ADDRESS (If rural, give location) 3509 Reisterstown Road	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 92
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Ephraim		14. MOTHER'S MAIDEN NAME Sarah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Bertrude Paltzman - Same		ADDRESS	
18. 453.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Thromboarteritis obliterans CAUSE OF DEATH (A) arterio sclerosis DUE TO (B) arterio sclerosis DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 7/14 , 19 51 , to 8/17 , 19 51 , that I last saw the deceased alive on 8/17 , 19 51 , and that death occurred at 1:55 p.m., from the causes and on the date stated above.			
23A. SIGNATURE A. H. Hornsteiner		23B. ADDRESS 204 E. Biddle St	
23C. DATE SIGNED 8/18/51		(Seal)	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8-19-51	
24C. NAME OF CEMETERY OR CREMATORY B'nai Israel		24D. LOCATION (city, town, or county) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR 1951		REGISTRAR'S SIGNATURE Thurston Williams, M.D.	
25. FUNERAL DIRECTOR Jack Levine		ADDRESS 2100 Centaw Pl	

MEDICAL CERTIFICATION

Hornstein

51 7223 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5204 Greenwich Ave St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

(a) Residence: No. 5204 Greenwich Ave St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE	4. Color or Race WHITE	5. Single, Married, Widowed, or Divorced (write the word) WIDOWED
----------------	---------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

BERTHA E

6. DATE OF BIRTH (month, day, year) NOV. 19, 1885

7. AGE 65	Years	Months	Days	If LESS than 1 day,.....hrs. or.....min.
--------------	-------	--------	------	--

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

RETIRED

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

NORTHERN UTIL. OIL

10. Date deceased last worked at this occupation (month and year)

1949

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

DECATUR

ILLINOIS

13. NAME GEORGE B. ECKERT

14. BIRTHPLACE (city or town) (State or country)

ILLINOIS

15. MAIDEN NAME MARIE (UNKNOWN)

16. BIRTHPLACE (city or town) (State or country)

ILLINOIS

17. INFORMANT LEO C. ECKERT
(Address) 5204 GREENWICH AVE18. BURIAL, CREMATION, OR REMOVAL STERLING, ILLINOIS
Place. REMOVAL Date. AUG. 19, 195119. UNDERTAKER William Cook, Inc.
(Address) 1217 ST. PAUL ST.20. FILED
AUG 19 1951
124

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18, 1951

22. I HEREBY CERTIFY, That I attended deceased from

May 1, 1951 to Aug 18, 1951

I last saw him alive on Aug 17, 1951 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Vascular Disease

Date of onset

Other contributory causes of importance:

Cerebral Vascular Disease

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? W

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

W If so, specify

(Signed)

(Address)

M. D.

OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, how to designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Other contributory causes of importance:	
<i>Gallstones</i>	<i>May 1, 1923</i>

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Attack of epilepsy</i>	<i>1 week</i>
<i>Run over by street car</i>	<i>1 week</i>
<i>Peritonitis</i>	<i>3 days</i>
Other contributory causes of importance:	
<i>Gastroenteritis</i>	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

260
51 7224BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7224

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) MARTHA G.R. FISHER		2. DATE OF DEATH Aug 16-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland 3023 Guilford Ave		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MD B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-02			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct-13-1889	9. AGE (in years, last birthday) 61	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assem Line		10B. KIND OF BUSINESS OR INDUSTRY Continental Can Co		11. BIRTHPLACE (State or foreign country)	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Burkhead Rouse		14. MOTHER'S MAIDEN NAME Henretta Stacerner	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 215-81-8332		17. INFORMANT ADDRESS Mr B Rouse 4919 Deanna Ave	
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Pulmonary Edema DUE TO Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive - cardio-vascular disease DUE TO Vascular Disease		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 3 hrs 4 yrs	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 17, 1951 to Aug 16, 1951 , that I last saw the deceased alive on Aug 16, 1951 , and that death occurred at 1 A m. , from the causes and on the date stated above.					
23A. SIGNATURE Thomas E. Todd		23B. ADDRESS 2108 St Paul St		23C. DATE SIGNED 8/17/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug 18-51		24C. NAME OF CEMETERY OR CREMATORY London Park	
24D. LOCATION (City, town, or county) Baltimore Maryland		24E. FUNERAL DIRECTOR Loring Byers		24F. ADDRESS 5005 Park Heights	
DATE RECEIVED BY LOCAL REGISTRAR AUG 19 1951		REGISTRAR'S SIGNATURE Wm. J. Williams, M.D.		VS 150 6903D	

Dr. Homer Todd.

2108 St Paul

Be-4074

2108 St Paul.

30

51 7225

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7225

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

REBECCA MAY Elliott

2. DATE
OF
DEATH

Aug 18, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

MARYLAND GENERAL HOSPITAL

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 23, 1884

9. AGE (In years
last birthday)

67

10. Under 1 Year

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

William Sapp

14. MOTHER'S MAIDEN NAME

Mary Boone

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

—

17. INFORMANT

Wm. C. Elliott - 729 Cator Ave

ADDRESS

18. 156.2 I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Metastatic Carcinoma of liver 6 wks

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Myocardial Insufficiency

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

8/10/51

19B. MAJOR FINDINGS OF OPERATION

Generalized abdominal carcinomatosis

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

None

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

None

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

None

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

None

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

None

22. I hereby certify that I attended the deceased from 7/26, 1951 to 8/18, 1951, that I last saw the
deceased alive on 8/18, 1951, and that death occurred at 5:15 pm., from the causes and on the date stated above.

23A. SIGNATURE

Anthony C. Verone MD

23B. ADDRESS

Maryland Gen Hosp

23C. DATE SIGNED

8/18/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Aug 22/51

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county) (State)

Woodlawn, Md

DATE RECEIVED BY
LOCAL REGISTRAR

AUG 20 1951

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

Austin E. Donovan

ADDRESS

3818 Roland
ave

VS 150

46F

MEDICAL CERTIFICATION

015870

460 51 7226

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7226

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Miller, John Raymond

2. DATE
OF
DEATH Aug. 19, 19513. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

St. Joseph's

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4127 Falls Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 10, 1870

9. AGE (In years
last birthday)

80

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of worklog life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

Retired Chief

Balto City Fire

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Joshua Miller

14. MOTHER'S MAIDEN NAME

Louise A. Wells.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mary Miller 4127 Falls Road.

18. 470.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic heart disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 18, 1951 to Aug. 19, 1951 that I last saw the
deceased alive on Aug. 19, 1951 and that death occurred at 4:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE

M. D.

23b. ADDRESS

23c. DATE SIGNED

Aug. 19, 1951

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

Burial

Aug 22/51

New Cathedral

Old Frederick Rd. Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 20 1951

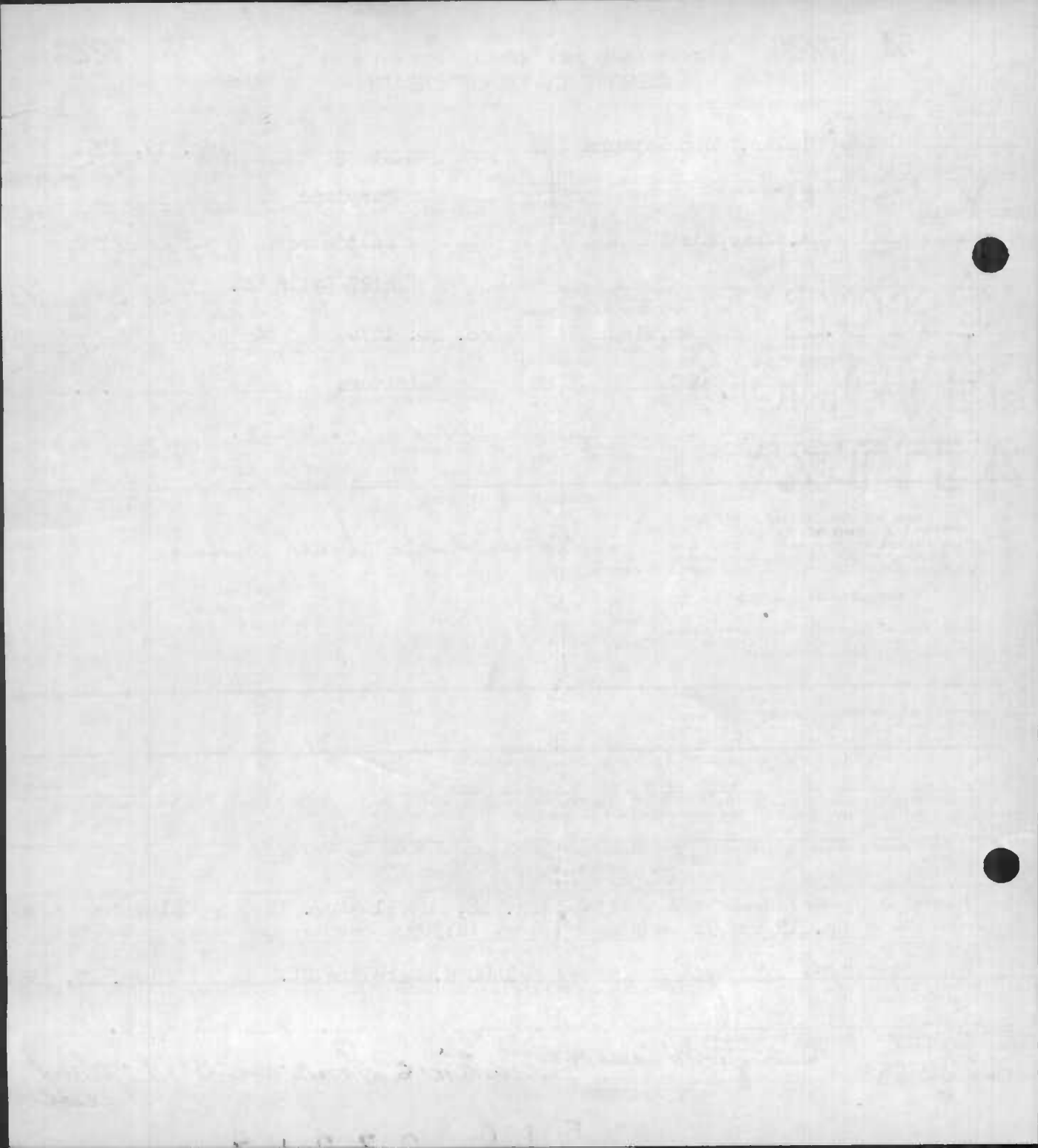
Huntington Williams, M.D.

Austin E. Donovan 3818 Island

VS 150

937

MEDICAL CERTIFICATION



160 51 7227

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7227

BIRTH NO.

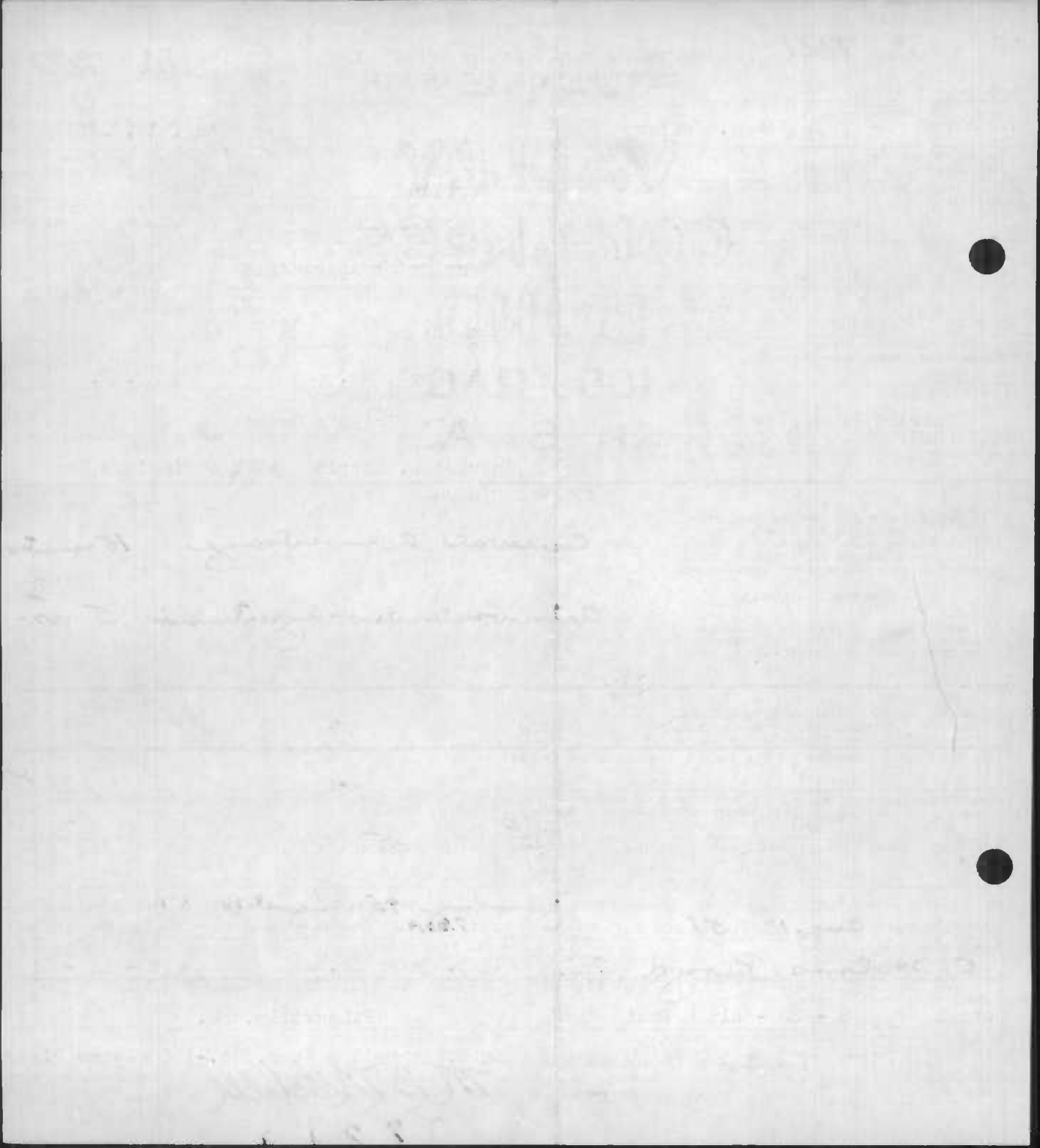
1. NAME OF DECEASED (Type or Print) Nellie W. Jeffery		2. DATE OF DEATH Aug. 18, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 3908 N. Charles St.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY none	
B. FULL NAME OF HOSPITAL OR INSTITUTION Warrington Apts.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) Warrington Apartments	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 30, 1877
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 73
13. FATHER'S NAME Charles Frederick French		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? U. S.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Laura Virginia Gaunt	
17. INFORMANT Charles D. Harris		ADDRESS 5222 Springlake Way	

18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage DUE TO Anterovascular: hypertensive		INTERVAL BETWEEN ONSET AND DEATH 15 minutes 5 yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 8 - 20 - 51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Druid Ridge	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Pikesville, Md.		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from January 1945 to August 18, 1951 ; that I last saw the deceased alive on Aug. 13, 1951 , and that death occurred at 7:00 A. M. , from the causes and on the date stated above.				
23A. SIGNATURE C. Stelnes Board		23B. ADDRESS 24 E. Eager St.		23C. DATE SIGNED 8 - 18 - 51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8 - 20 - 51	24C. NAME OF CEMETERY OR CREMATORY Druid Ridge	24D. LOCATION (City, town, or county) (State) Pikesville, Md.	

DATE RECEIVED BY LOCAL REGISTRAR AUG 20 1951	REGISTRAR'S SIGNATURE Huntington Williams, Md.	25. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.	ADDRESS 1900 Eutaw Place
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83a



263
51 7228BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7228

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

AUGG L. RICHARDS (MRS B. Howard)

2. DATE
OF
DEATH

17, August 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNION MEMORIAL HOSPITAL.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

UNKNOWN

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR INDUSTRY

NONE

13. FATHER'S NAME

THOMAS E. JENKINS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

UNKNOWN

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

BALTIMORE

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

HOME WOOD

APTS

Charles + 31st

8. DATE OF BIRTH

11 SEPT. 1881

9. AGE (In years last birthday)

69

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

MARGARET H. KLINEFLETER

17. INFORMANT

ADDRESS

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

18. 470.0

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Anterior clefted heart disease ?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

29 July 1951

19B. MAJOR FINDINGS OF OPERATION

APENDICITIS; ADHESIONS.

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

No

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

NONE

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 July, 1951, to 17 August, 1951, that I last saw the deceased alive on 17 August, 1951, and that death occurred at 6:03 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Harold S. Green, M.D.

23B. ADDRESS

Union Memorial Hosp, Baltimore - 17-51

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

8 - 20 - 51

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell & Sons, Inc. - 1900 Eutaw Pl.

J. O. Mitchell

VS 150

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THIS DOCUMENT CONTAINS NEITHER
RECOMMENDATIONS NOR CONCLUSIONS OF THE
NATIONAL BUREAU OF STANDARDS

51 7229

51 7229

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LOUISE HARTLESS		2. DATE OF DEATH July 16, 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore	
b. FULL NAME OF HOSPITAL OR INSTITUTION 502 W. Fayette St.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 4502	
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 502 W. Fayette St.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH U
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) N		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 45 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME N		11. BIRTHPLACE (State or foreign country) K	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) W If yes, give war or dates of service		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME O	
17. INFORMANT N		ADDRESS	

18. **581.0 I** CAUSE OF DEATHDISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Fatty liver**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

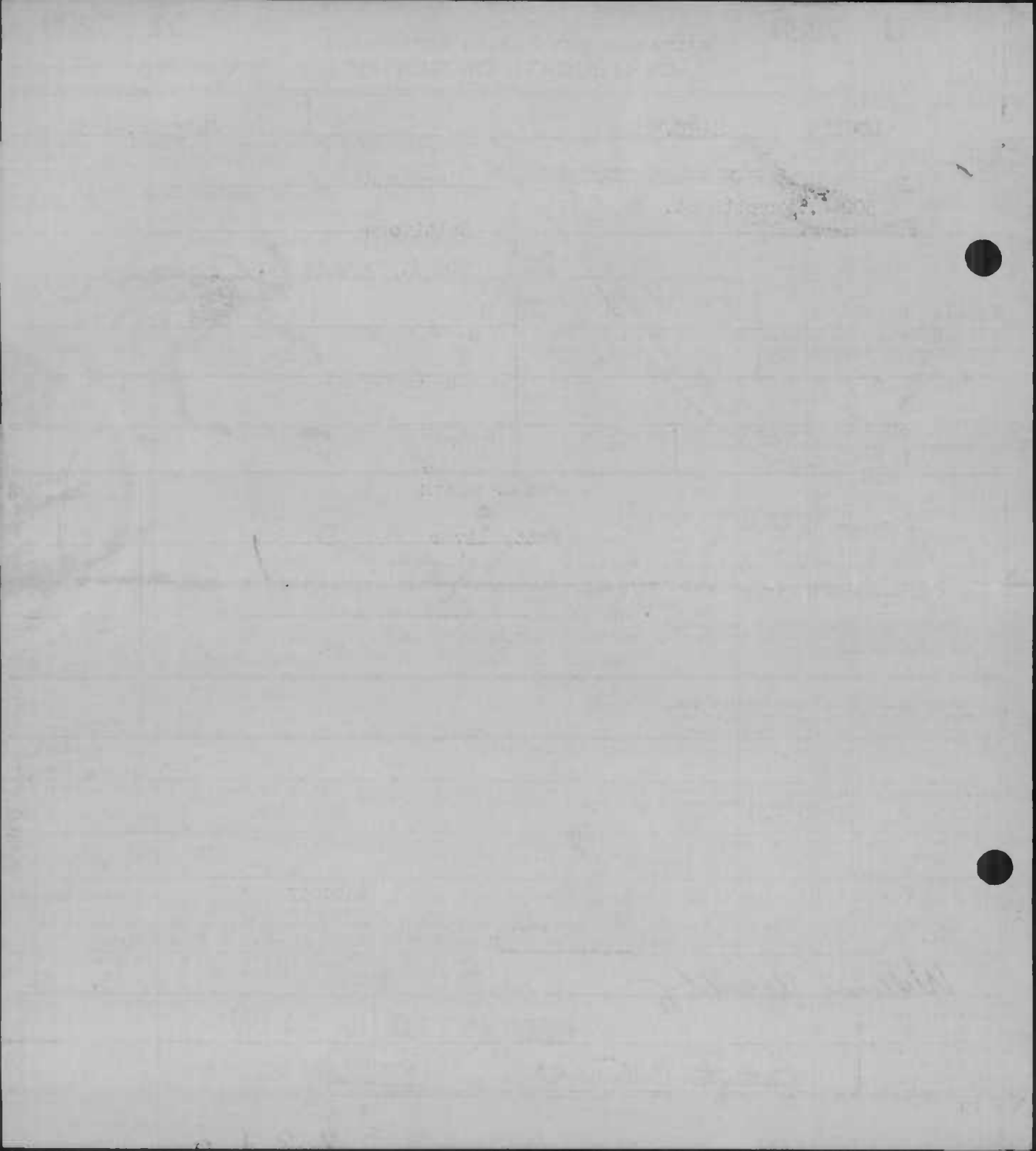
INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>William H. [Signature]</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED July 16, 1951	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR AUG 20 1951		REGISTRAR'S SIGNATURE <i>William H. [Signature]</i>	25. FUNERAL DIRECTOR Commissioner of Health

UNIVERSITY MEDICAL SCHOOL JUL 25 1951

124 B



120 51 7230

51 7230

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IDA R. SCOTT DAVIS

2. DATE
OF
DEATH

Aug. 15. 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

(If outside corporate limits, write RURAL and give township)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

859 Vine St.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

859 Vine St.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

July 23, 1910

9. AGE (In years last birthday)

41

10. Under 1 Year

11. Under 24 Hours

Months

Days

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Howard Cornish

14. MOTHER'S MAIDEN NAME

Mamie Scott

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Florence Harmon 859 Vine St.

18. 174x I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Anemia & cachexia.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1950, to Aug 15, 1951; that I last saw the deceased alive on Aug 13, 1951, and that death occurred at 7:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

H. Garland Churchill M. D.

23B. ADDRESS

902 W. Franklin

23C. DATE SIGNED

8-17-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

8-20-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion Cemetery

24D. LOCATION (City, town, or county)

Baltimore Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. Garland Churchill

25. FUNERAL DIRECTOR

ADDRESS

Mrs. Frances A. Heinsley

530 51 7231

51 7231

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

John Smith

2. DATE
OF
DEATH

Aug. 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF (If not in hospital or institution, give street address or location)

JOHN'S HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 4-02

C. Length of stay in Baltimore

30 years

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

662 W. Saratoga St

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

9. AGE (In years last birthday)

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

JOHN'S HOPKINS HOSPITAL

18. 072X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

? Weil Disease

10 days

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTO

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 8/15, 1951, to 8/17, 1951, that I last saw the deceased alive on 8/17, 1951, and that death occurred at 10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Elihu W. Vine

JOHN'S HOPKINS HOSPITAL

8-18-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

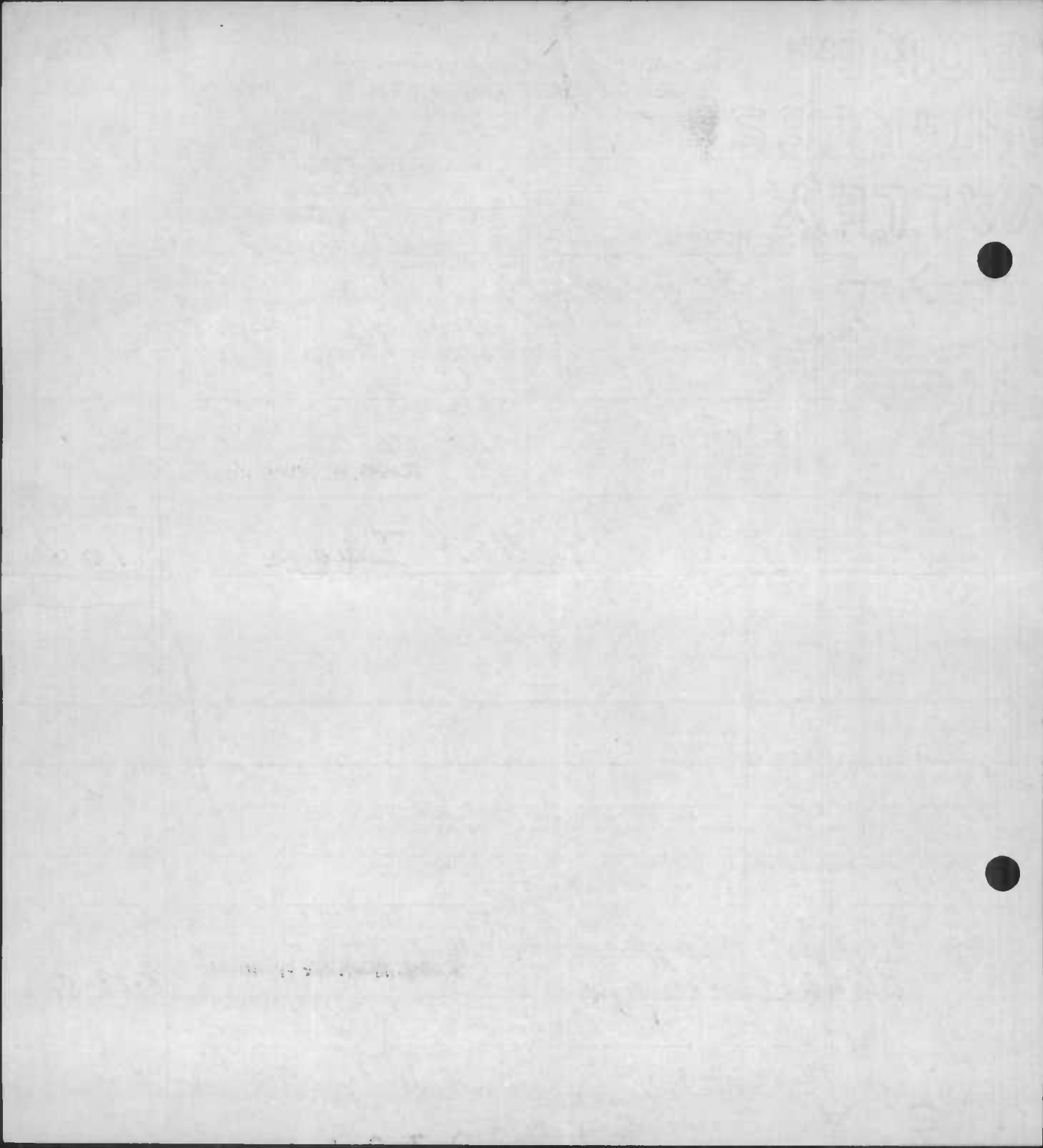
AUG 20 1951

VS 150

H. A. Jackson, 916 Penn. Ave.

H. A. Jackson, 916 Penn. Ave.

22a



460 51 7232

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7232
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) George Miller		2. DATE OF DEATH 8-18-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Baltimore, Md. B. COUNTY 2611	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1122 S. Highland Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md.	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1122 Highland Ave.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 12-11-90
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Huckster		10B. KIND OF BUSINESS OR INDUSTRY self	9. AGE (In years last birthday) 61
13. FATHER'S NAME Henry Miller		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs John Arnold 1122 S. Highland Ave.	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary Artery Disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Multiple Cysts of Lung DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 8-22-51		19B. MAJOR FINDINGS OF OPERATION Multiple Cysts of Lung	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
21A. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1513 N. Milton Ave		21B. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Baltimore, Md.	
21C. TIME (Month) (Day) (Year) (Hour) INJURY 15 Aug 1951		21D. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21E. HOW DID INJURY OCCUR? 15 Aug 1951		21F. HOW DID INJURY OCCUR? 15 Aug 1951	
22. I hereby certify that I attended the deceased from 15 Aug 1951 , to 18 Aug 1951 , that I last saw the deceased alive on 14 Aug 1951 , and that death occurred at 101 m., from the causes and on the date stated above.			
23A. SIGNATURE Robert J. Johnson		23B. ADDRESS 1513 N. Milton Ave	
23C. DATE SIGNED 20 Aug 51		23D. NAME OF CEMETERY OR CREMATORY Schwartz's	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8-22-51	
24C. NAME OF CEMETERY OR CREMATORY Schwartz's		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR AUG 20 1951		REGISTRAR'S SIGNATURE William H. Lilly	
25. FUNERAL DIRECTOR Lilly & Zeiler, Inc		ADDRESS 403 S. Wolfe Street	

MEDICAL CERTIFICATION

4306A 07210

46B

1513 N. Miller Ave.

550

51 7233

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 7233

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Adman, Minerva

2. DATE
OF
DEATH

8/19/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Church Home & Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Essex

21

5300

D. STREET ADDRESS (If rural, give location)

17 Vincent Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Oct 14, 1862

9. AGE (In years,
last birthday)

88

11 Under 1 Year

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Penn. U.S.A.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Walker, Phillip

(Pa.)

14. MOTHER'S MAIDEN NAME

Fritz, Mary

(Pa.)

15. WAS DECEASED OVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

K. Critchfield

17 Vincent Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Hypertensive Cardiovascular
disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Art. Sclerosis, Gen.

||

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Cardiac Insufficiency

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

none

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK ☒ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/18/51, 10 to 8/19/51, 19, that I last saw the
deceased alive on 8/19/51, 19, and that death occurred at 10:30 pm., from the causes and on the date stated above.

23. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

Dr. Antonio

Church Home & Hosp. 8/19/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

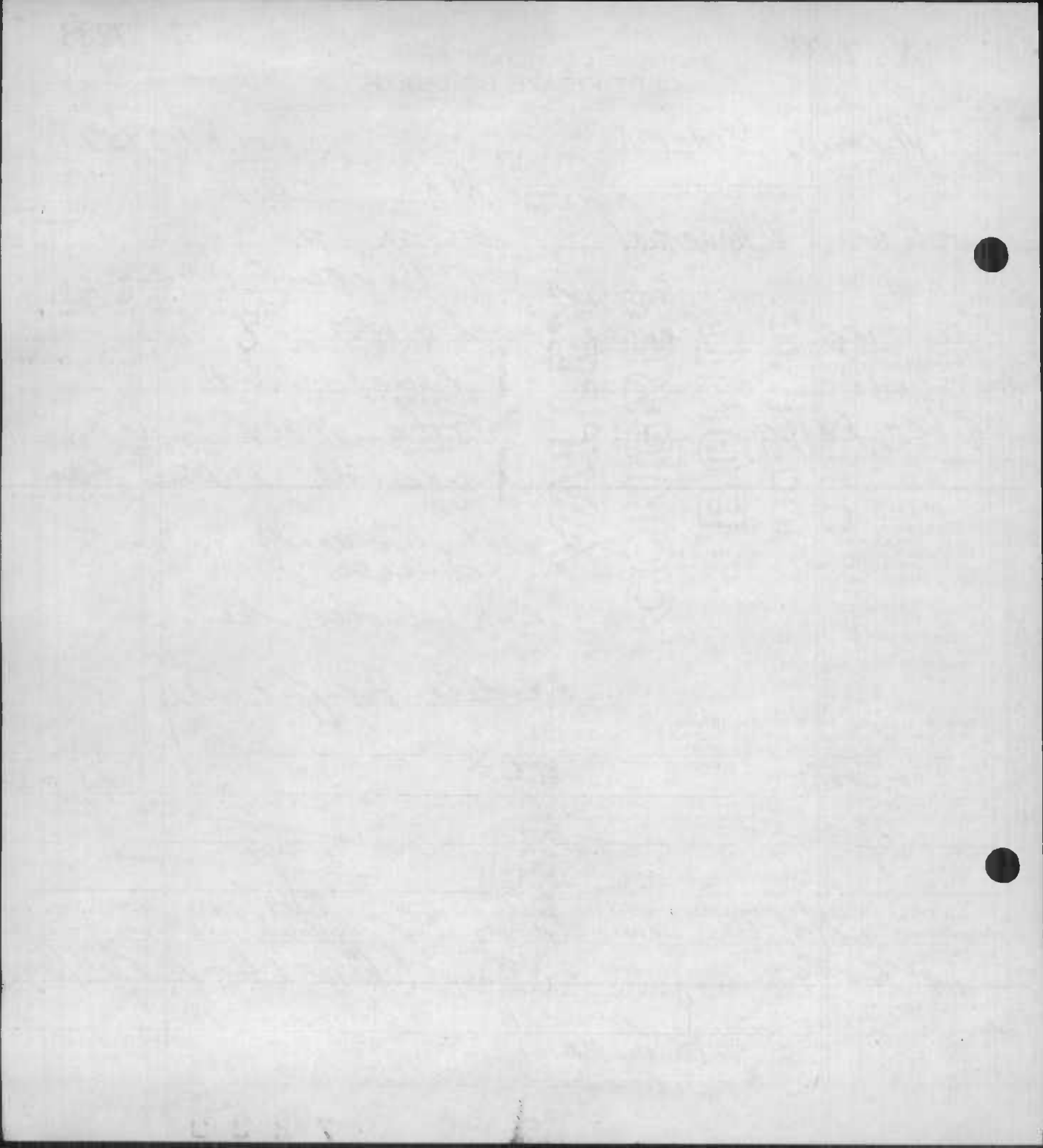
25. FUNERAL DIRECTOR

ADDRESS

AUG 20 1951

Cunningham Williams, M.D.

Stewart & Mowen Co. 108 W. North Ave



22051 7234

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7234
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		JAMES M. HUGHES		2. DATE OF DEATH August 17, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 1137 Fillmore St.			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1137 Fillmore St.		68 Yrs. Mos. Days		9-04	
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk in County Dept. U.F.I.G.		10B. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH Jan. 22, 1883	
13. FATHER'S NAME Franklin P. Hughes		16. SOCIAL SECURITY NO. 215-07-8128		9. AGE (in years last birthday) 68	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		17. INFORMANT Mrs. Mary E. Hughes		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	
				14. MOTHER'S MAIDEN NAME Elizabeth Pinkerton	
				17. ADDRESS 1137 Fillmore St.	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

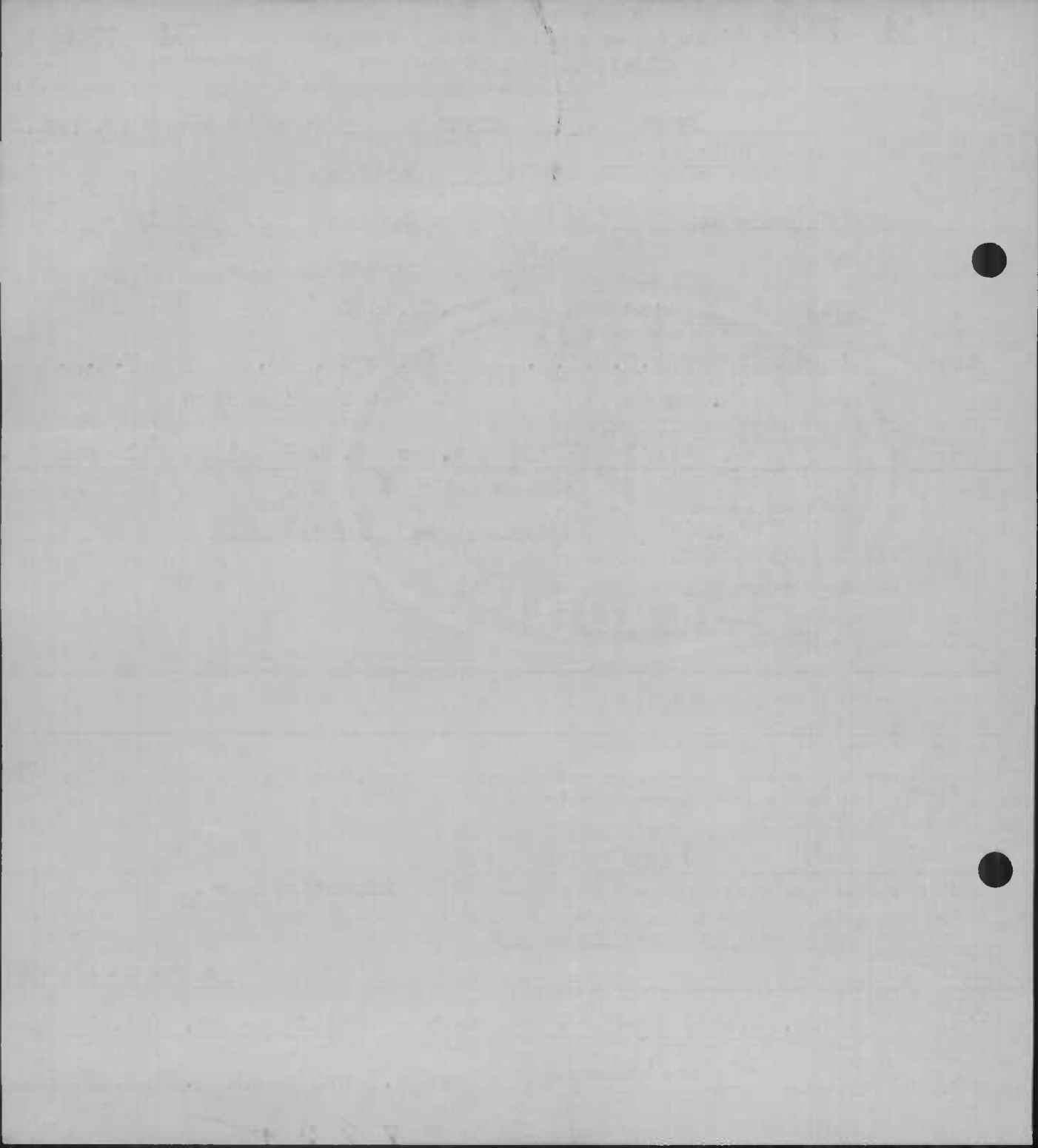
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER		23C. DATE SIGNED August 17, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug. 21, 1951		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	
24D. LOCATION (City, town, or county) Baltimore Co.		24E. STATE Md.		25. FUNERAL DIRECTOR Elmer W. Conklin	
25. ADDRESS 924 E. Eager St.					

AUG 20 1951

7234 7234 937



51 7235

51 7235

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Maggie Green</i>		2. DATE OF DEATH <i>Aug. 17, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Ind.</i> B. COUNTY <i>14-03</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1801 PENNA. AVE</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore <i>1 ymo.</i>		D. STREET ADDRESS (If rural, give location) <i>1801 Penna. Ave.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Apr. 7, 1887</i>		9. AGE (In years last birthday) <i>64</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>		11. BIRTHPLACE (State or foreign country) <i>Alexandria, Va.</i>	
13. FATHER'S NAME <i>not known</i>		12. CITIZEN OF WHAT COUNTRY?			
14. MOTHER'S MAIDEN NAME <i>Georgiana Washington</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT <i>William H. Brooke, 1801 Penna. Ave.</i>			
18. <i>447X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Uremia</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Cardio Renal Insufficiency</i> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH <i>Uremia</i> DUE TO <i>Cardio Renal Insufficiency</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i> <i>6 hrs.</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July 1, 1951</i> to <i>August 17, 1951</i> , that I last saw the deceased alive on <i>August 15, 1951</i> , and that death occurred at <i>11:15 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Robert E. C. Walden, M.D.</i>		23B. ADDRESS <i>1600 Washington Ave.</i>		23C. DATE SIGNED <i>8-17-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Aug. 20, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Zion Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Bald. Co. Ind.</i>		24E. FUNERAL DIRECTOR <i>John M. Johnson</i>		24F. ADDRESS <i>1700 David Hill Dr</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>Aug 20 1951</i>		REGISTRAR'S SIGNATURE <i>W. H. Williams, Jr.</i>		25. FUNERAL DIRECTOR <i>John M. Johnson</i>	

UNITED STATES OF AMERICA
DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

U.S. 11-10-11

250
51 7236

CERTIFICATE CORRECTED

11-15-51

51 7236

ND-151314

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED
(Type or Print)

Horace Jackson Jr.

2. DATE
OF
DEATH

Aug. 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONBaltimore City Hospitals
4940 Eastern AvenueYrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

18-03

D. STREET ADDRESS (If rural, give location)

847 W. Lemon St.

C. Length of stay in Baltimore

9 Yrs.

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single Married

8. DATE OF BIRTH

Aug. 11, 1913 1902

9. AGE (in years
last birthday)

38 49

H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR
INDUSTRY

General

11. BIRTHPLACE (State or foreign country)

S.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Horace Jackson Sr.

14. MOTHER'S MAIDEN NAME

Charlotte Jackson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18. 179X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of penis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

2 Yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-14, 1951, to 8-17, 1951, that I last saw the
deceased alive on 8-17, 1951, and that death occurred at 7:10 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. [Signature]

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

8-18-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

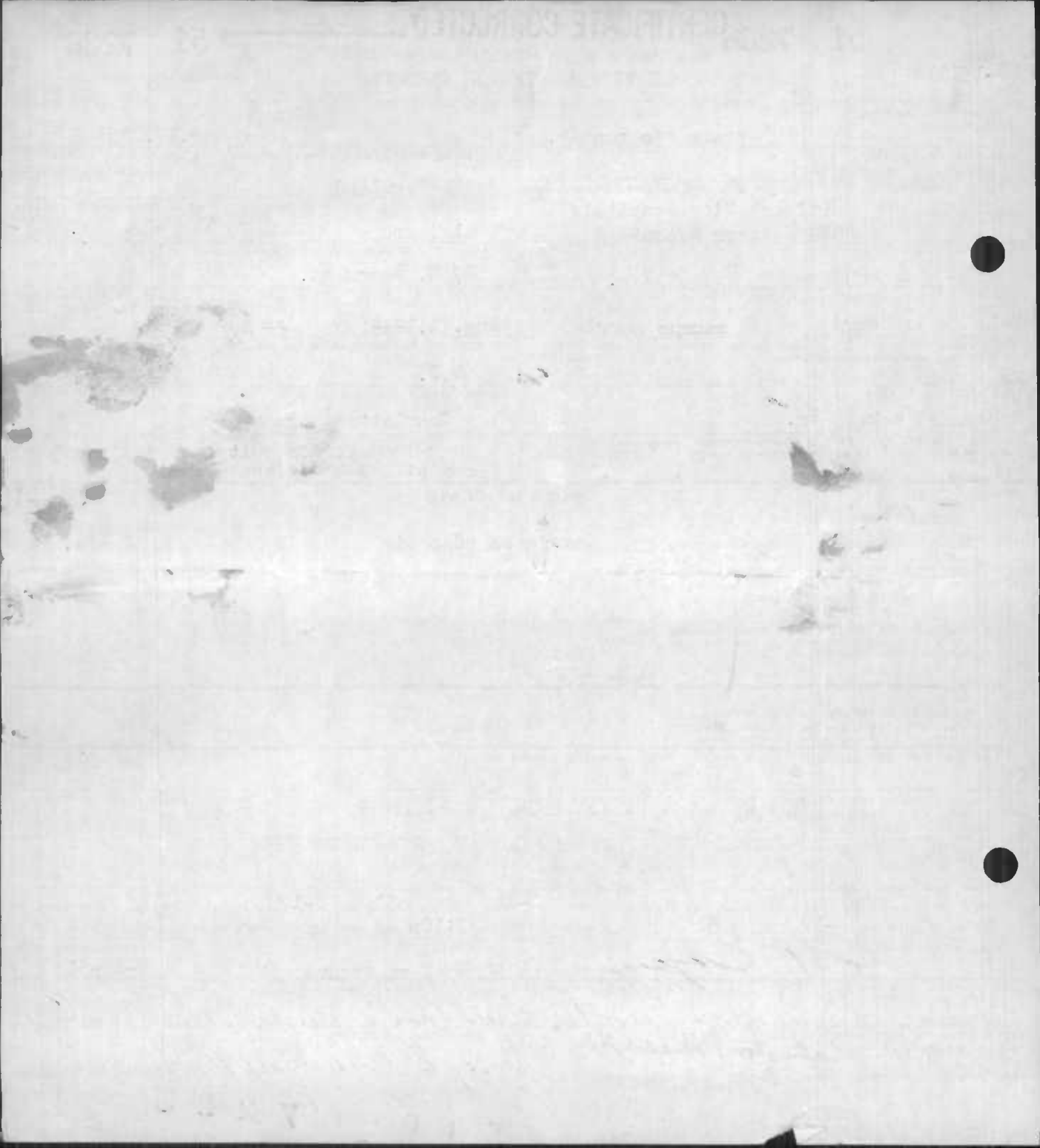
25. FUNERAL DIRECTOR

ADDRESS

AUG 20 1951

[Signature]

Joseph A. Livick 661 W. Bane St



Medical Examiners

Case released to
20 Hospital

BALTIMORE CITY HEALTH DEPARTMENT

51 7237

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) <u>Thomas Cubbage</u>		2. DATE OF DEATH <u>August 18, 1951</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md.</u> B. COUNTY <u>Baltimore</u>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>9-08</u>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>1900 Homewood Ave</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>3-25-48</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>-</u>	9. AGE (In years last birthday) <u>3 yrs</u>
13. FATHER'S NAME <u>Garland Cubbage</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
14. MOTHER'S MAIDEN NAME <u>Nellie M.</u>		17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>	

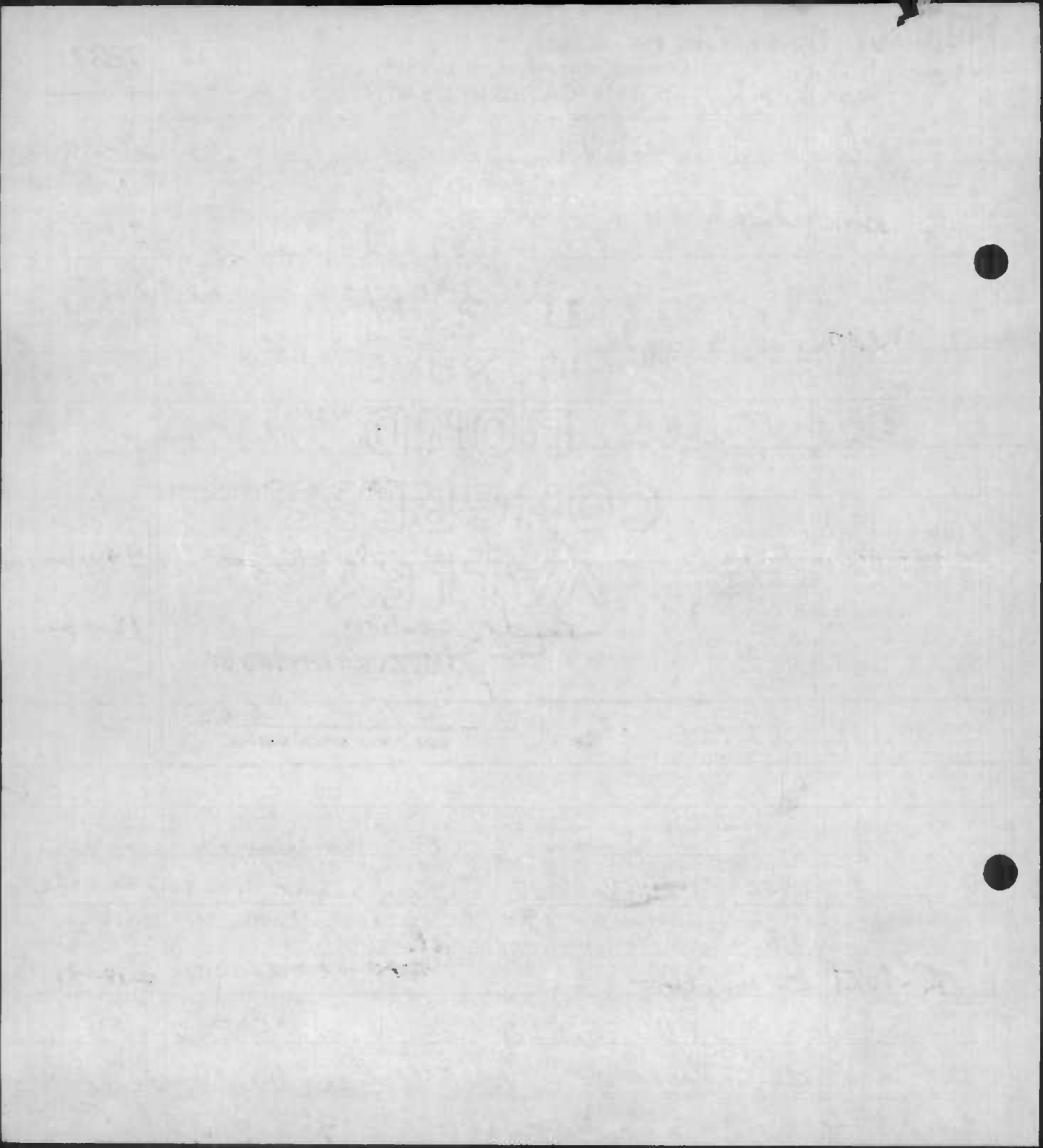
18. <u>ESP.</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>Lead encephalopathy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Rad ingestion</u>		<u>18 mos</u>
(A) DUE TO		
(B) DUE TO		
(C) DUE TO		

CERTIFICATION APPROVED BY

Henry H. Sussman M.D.
CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>1900 Homewood Ave WVA</u>	
21D. TIME (Month) (Day) (Year) (Hour) <u>January 1950</u> m.		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>Eating paint of window sill</u>	
22. I hereby certify that I attended the deceased from <u>8-18</u> , 19 <u>51</u> , to <u>8-18</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8-18</u> , 19 <u>51</u> , and that death occurred at <u>6 P.</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Robert E. Appleby</u> M.D.		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED <u>8-18-51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>N-966.5</u>		24B. DATE <u>8/20/51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>DUFFIELD</u>	
24D. LOCATION (City, town, or county) (State) <u>DUFFIELD WVA.</u>		25. FUNERAL DIRECTOR <u>Wm J. Turner</u>		ADDRESS <u>1001 North Penn</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>AUG 20 1951</u>		REGISTRAR'S SIGNATURE <u>Wm J. Turner</u>			

Certificates to be approved 2 38 B and



51 7238

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7238
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES S. JONES

2. DATE
OF
DEATH

AUG 18, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION 1137 GORSUCH AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

b. COUNTY

c. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

d. STREET ADDRESS (If rural, give location)

1413 Longshore St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Mar. 1, 1872

9. AGE (in years last birthday)

70

10. Under 1 Year Months, Days

11. Under 24 Hours Hours, Minutes

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Minister

10b. KIND OF BUSINESS OR INDUSTRY

Professional

13. FATHER'S NAME

James Jones

14. MOTHER'S MAIDEN NAME

Virginia Henning

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Miss Edith M. Jones

Phila. Pa.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

18. 022X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A)

DUE TO

INTERNAL HEMORRHAGE

RUPTURE OF ABDOMINAL AORTIC ANEURYSM

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☒ NO ☐21a. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an PARTIAL Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23a. SIGNATURE

Stanley K. Dureacher

M.D.

23b. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☐MEDICAL INVESTIGATOR ☐

23c. DATE SIGNED

Aug 19, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

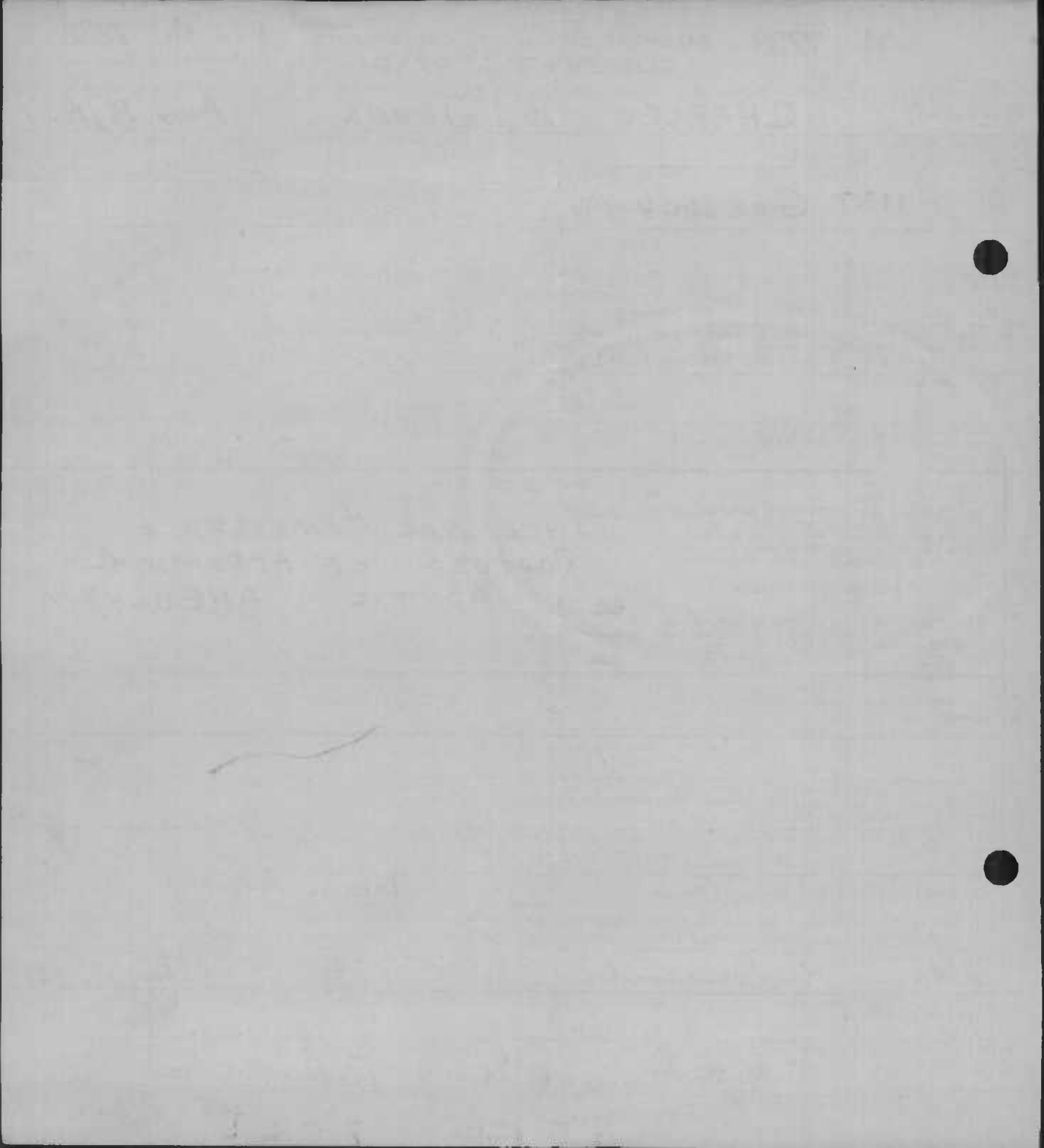
AUG 20 1951

Stanton Williams, Jr.

John J. Tuckner & Sons.

Baltimore, Md.

1951 E 1256 07225 307



600 51 7239

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 7239

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GREY, AUDREY WINIFRED			2. DATE OF DEATH Aug. 19, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE West Virginia B. COUNTY V-45		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Hospital for Women of Md.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Martinsburg		
c. Length of stay in Baltimore Approx. 7			D. STREET ADDRESS (If rural, give location) 713 New York Ave.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 13, 1911		9. AGE (in years, last birthday) 40
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) West Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Howard Staples			14. MOTHER'S MAIDEN NAME Alice E. Cauchman		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT Audrey Winifred Grey		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		ADDRESS ✓			

18. 416 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Pulmonary Edema —DUE TO—	INTERVAL BETWEEN ONSET AND DEATH Minutes
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic Heart Failure —DUE TO—	4 years
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Possibly due to Rheumatic Heart Disease. (no history)	???

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) —	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —
21D. TIME (Month) (Day) (Year) (Hour) INJURY —	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Aug. 19, 1951, to Aug. 19, 1951, that I last saw the deceased alive on Aug. 19, 1951, and that death occurred at 6:00pm., from the causes and on the date stated above.

23A. SIGNATURE Gene W. Cohen	23B. ADDRESS M.D. 1400p for the Women of Md.	23C. DATE SIGNED Aug. 19, 1951
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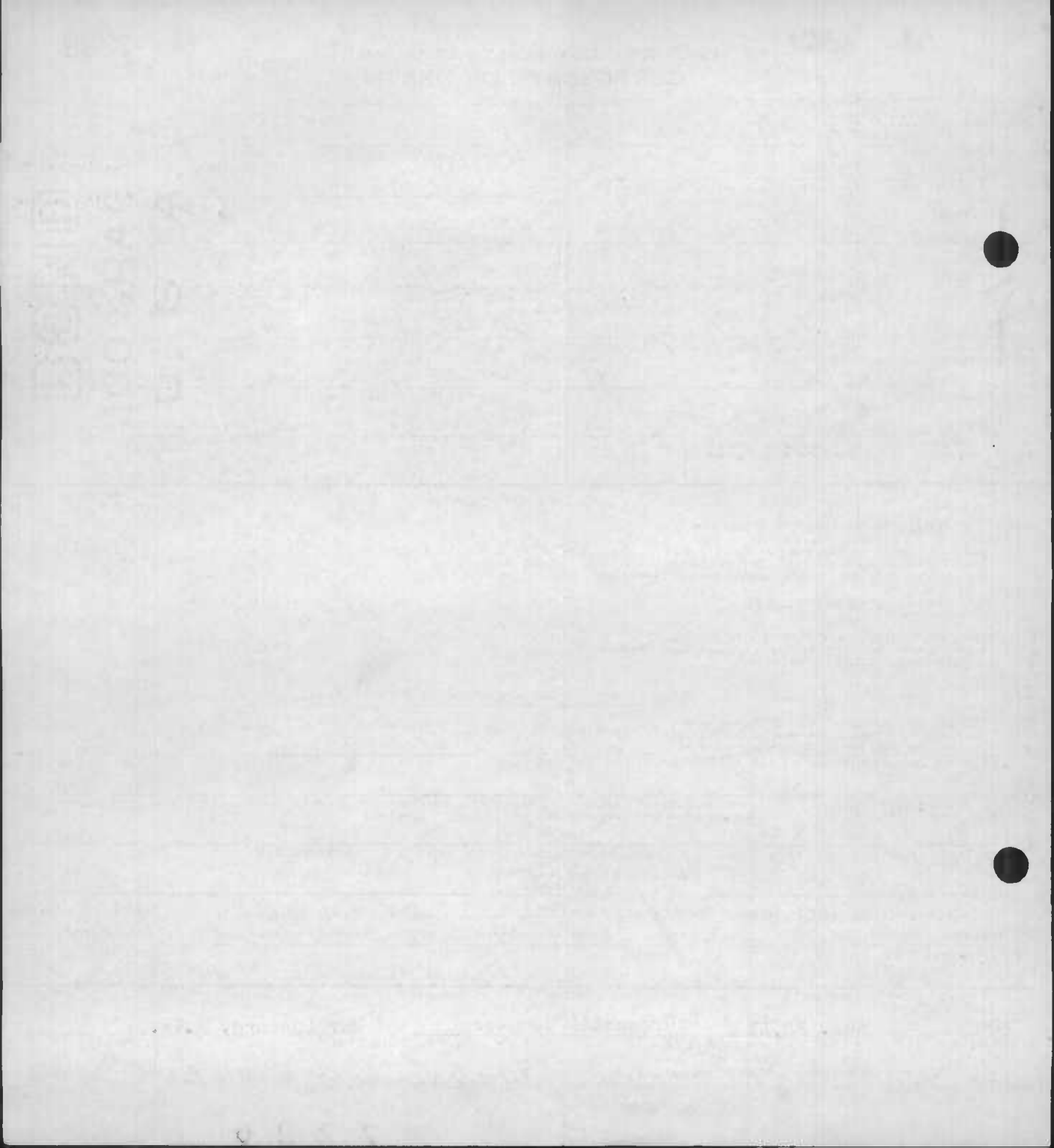
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE Aug. 22, 51	24C. NAME OF CEMETERY OR CREMATORY Greenhill Cemetery	24D. LOCATION (City, town, or county) (State) Martinsburg, W.Va.
--	---------------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR AUG 20 1951	REGISTRAR'S SIGNATURE Wm. J. Tichner	25. FUNERAL DIRECTOR Wm. J. Tichner	ADDRESS Belto. 13 Md.
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MEDICAL CERTIFICATION

51 7239 7226

93D



51 7240

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7240

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Albert Bennett*2. DATE
OF
DEATH*Aug 16, 1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)*2011 E. Eager St*

4. USUAL RESIDENCE (Where deceased lived. If in institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2011 E. Eager St

C. Length of stay in Baltimore

*18 yrs.*Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

*Col.*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*married*10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Pool Room Operator*10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

George Bennett

8. DATE OF BIRTH

*Oct. 12 1896*9. AGE (In years
last birthday)*54*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

*Georgia*12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

*Denie Bennett*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Lucy Bennett*18. *331X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertension

DUE TO

(C)

Generalized arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from *June 30, 1951* to *August 14, 1951*, that I last saw the
deceased alive on *August 16, 1951*, and that death occurred at *2:15* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Burial**Aug 20/51**Mt. Calvary Cem.**A. G. County Md.*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*AUG 20 1951**Huntington Williams**Mrs Robert A. Elliott's daughter*

James A. [illegible]
[illegible]
[illegible]

WATLEY
CONCRETE
BOND
100-426

James A. [illegible]
[illegible]
[illegible]

51 7241

51 7241

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward Thomas

2. DATE
OF
DEATH

Aug. 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

St. Joseph's

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1919 E. Chase St.

E. Length of stay in Baltimore 3 Yrs.

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

June 27, 1911

9. AGE (In years
last birthday) Months Days

40

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Mechanic

Repair Shop

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Richard Parham

14. MOTHER'S MAIDEN NAME

Helen Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lucile Andrews 1919 E. Chase St.

18. 541.0 and 153X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A) Right sub-phrenic abscess

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

Post-operative

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3/19 4/19 6/20/51

19B. MAJOR FINDINGS OF OPERATION

Partial intestinal adhesions, postoperative (over)

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 16, 1951, to Aug. 19, 1951, that I last saw the
deceased alive on Aug. 19, 1951, and that death occurred at 1:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. Joseph Kregin

M. O.

23B. ADDRESS

1400 N. Caroline St.

23C. DATE SIGNED

Aug. 19, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8/23/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Leval Cem.

24D. LOCATION (City, town, or county)

Dinwiddie Co. Va.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

T. J. Williams

25. FUNERAL DIRECTOR

ADDRESS

Elmer O. Wilson 1000 Beauty Lane

AUG 20 1951

55284 7220 46E

MEDICAL CERTIFICATION

8/28/51 ES

Causes for operations:

- 3/18/51 - Subtotal Gastrectomy for bleeding duodenal ulcer.
- 12/11/50 - Right Hemicolectomy for carcinoma of cecum
- 3/19/51 - Release of intestinal adhesions.
- 4/19/51 - Exploratory Laparotomy for segmental ileus
- 6/20/51 - Resection of terminal ileum - regional ileitis

640
51 7242BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7242
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Roy Sarrell

2. DATE
OF
DEATH

5-17-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTH PLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

18. DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-18-51, 19, to 8-17-51, 19, that I last saw the
deceased alive on 8-17-51, 19, and that death occurred at home, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

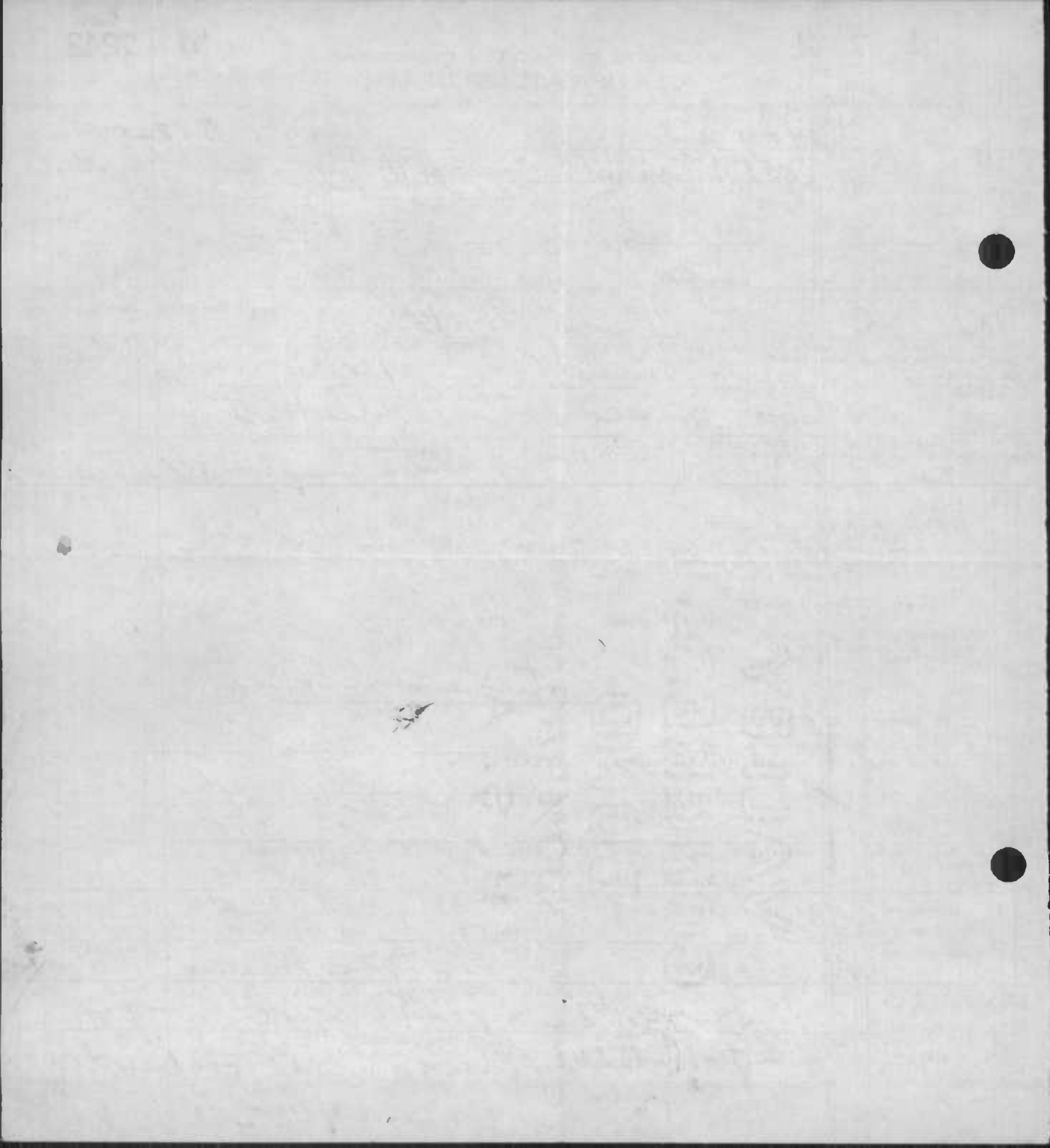
24D. LOCATION (City, town or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 7243

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ellis Hohne

2. DATE OF DEATH

8-19-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

5120 Nelson Ave

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Md.

B. COUNTY

BALT.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALT. 27-18

D. STREET ADDRESS (If rural, give location)

5120 Nelson Ave

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct 15, 1893

9. AGE (In years last birthday)

57

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clothing Cutter

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Argentina, S.A.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Sam Hohne

14. MOTHER'S MAIDEN NAME

Rose

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Gertrude Hohne

ADDRESS

5120 Nelson Ave

18. *422.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *A.S.C.V.H.D.*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

Stanley B. Burleson

CHIEF OR ASST. MEDICAL EXAMINER.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on *8-19, 1951*, and that death occurred at *6:55 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Morris J. Romberg

M. D.

23B. ADDRESS

Luth. Hosp.

23C. DATE SIGNED

8-19-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Aug 21/51

24C. NAME OF CEMETERY OR CREMATORY

Broad Island Cemetery

24D. LOCATION (City, town, or county)

Southern Ave

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

Sol Flewmon - Bus W North Ave

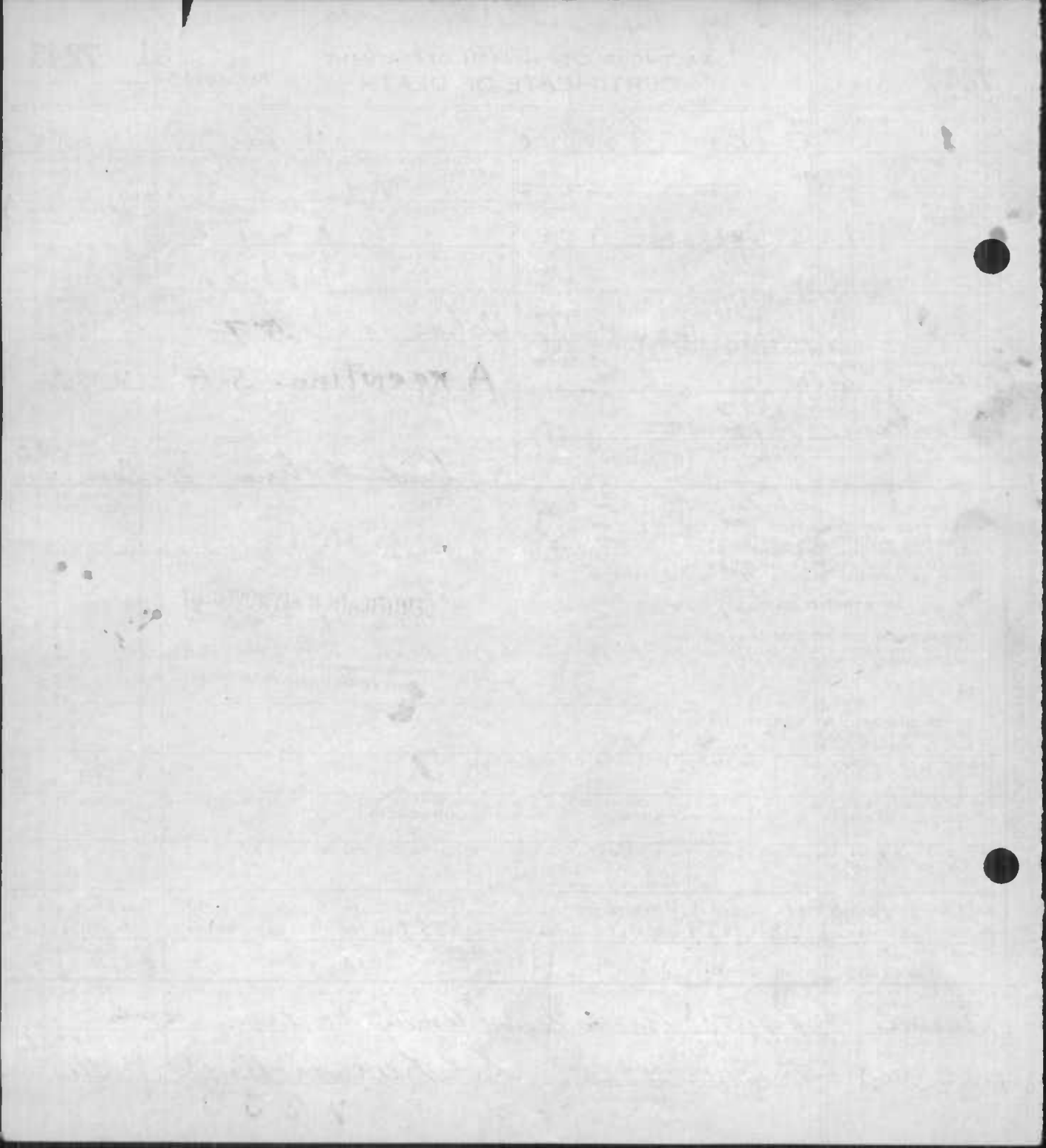
ADDRESS

AUG 20 1951

VS 150

69A 46 7 2 3 0 937

MEDICAL CERTIFICATION



52
51 7244

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7244

1. NAME OF DECEASED (Type or Print) TENA ADAMS		2. DATE OF DEATH August 18, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Home - 1327 Bethlehem Avenue		C. CITY OR TOWN (If outside corporate limits, write in full, and give township) Baltimore	
C. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1327 Bethlehem Avenue	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1884
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY OWN HOME	9. AGE (in years, last birthday) 66 If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
13. FATHER'S NAME John Zaminski		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY USA	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT ADDRESS John /Adams 1327 Bethlehem Ave	

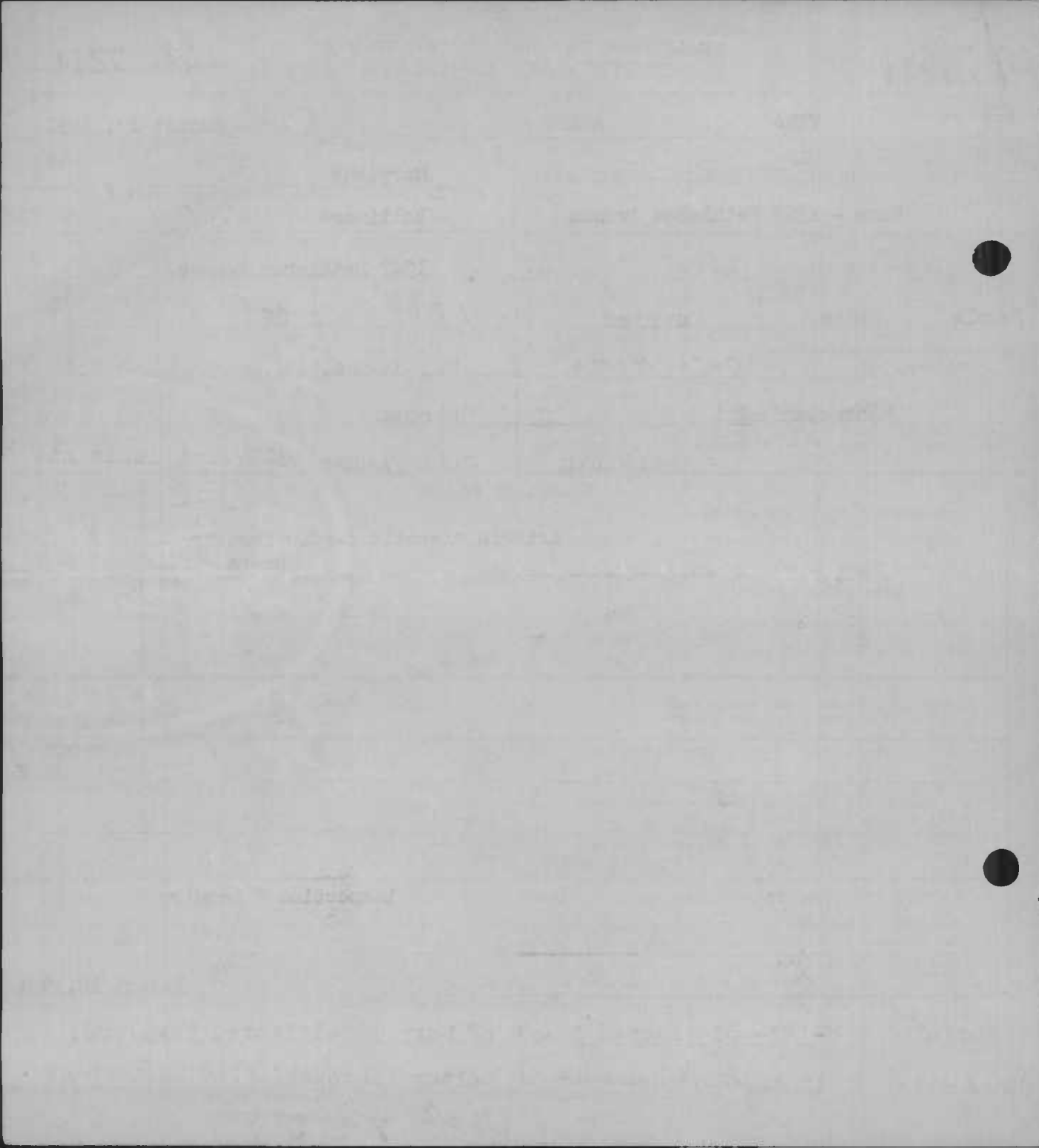
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley H. Dineen</i> M.D.	23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>	23C. DATE SIGNED August 18, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8-21-51	24C. NAME OF CEMETERY OR CREMATORY Sacred Heart of Mary
DATE RECEIVED BY LOCAL REGISTRAR AUG 20 1951	REGISTRAR'S SIGNATURE <i>Walter Dabrowski</i>	24D. LOCATION (City, town, or county) Baltimore, Maryland.
25. FUNERAL DIRECTOR ADDRESS Walter Dabrowski 6224 Eastern Ave.		

V S 151
51 7244
Walter Dabrowski 930 ✓



320
51 7245

CERTIFICATE CORRECTED 10/1/51

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX 51 7245
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Weyans Grant Eugene Coates</i>		2. DATE OF DEATH <i>Aug. 18, '51</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>Brady 2</i>		4. USUAL RESIDENCE (Where deceased lived, if in institution: residence before admission) A. STATE <i>Ind.</i> B. COUNTY <i>Baltimore</i>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) <i>2324 Furnace Ave</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>9-8-68</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farmer</i>	9. AGE (In years last birthday) <i>83-82</i>
13. FATHER'S NAME <i>Eugene Coates</i>		14. MOTHER'S MAIDEN NAME <i>Elsie Jones</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>606 X</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Pulmonary Embolism</i>	
ANTECEDENT CAUSES	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>Immobilization in bed due to Prostatic Surgery</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.	(C) <i>Complicated medical history and benign prostatic hypertrophy</i>	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>July 25, 1951</i> , to <i>Aug. 18, 1951</i> , that I last saw the deceased alive on <i>Aug. 18, 1951</i> , and that death occurred at <i>10a.</i> m., from the causes and on the date stated above.				
23A. SIGNATURE <i>William L. Hopkins</i> M. D.		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>8-18-51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>8/21/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Abraham Lincoln Park</i>	24D. LOCATION (City, town, or county) (State) <i>Balt. Co. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>UG 20 1951</i>		RECEIVED BY SIGNATURE <i>Samuel W. Sullivan</i>		25. FUNERAL DIRECTOR ADDRESS <i>1011 1/2 Belington Ave. 137a</i>

See Document File 51-7245

10/1/51

ES

155

CERTIFICATE CORRECTED 9-10-51

HLC-124221

7246

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7246

1. NAME OF DECEASED
(Type or Print)

Addie Hoffman

2. DATE
OF
DEATH

August 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONBaltimore City Hospital
4940 Eastern AvenueC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1215 N. Bradford Street

C. Length of stay in Baltimore

36 Yrs.

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 16, 1894

9. AGE (in years
last birthday)

56

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

W. Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Kolb

14. MOTHER'S MAIDEN NAME

Annie Little

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

William Hoffman - 1215 N. Bradford St

18. DORX I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

5 Yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1/48, 19, to Aug. 17, 51, that I last saw the
deceased alive on Aug. 17, 51, and that death occurred at 11:00 P.M. from the causes and on the date stated above.

23A. SIGNATURE

C. S. Crozen

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

8-18-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

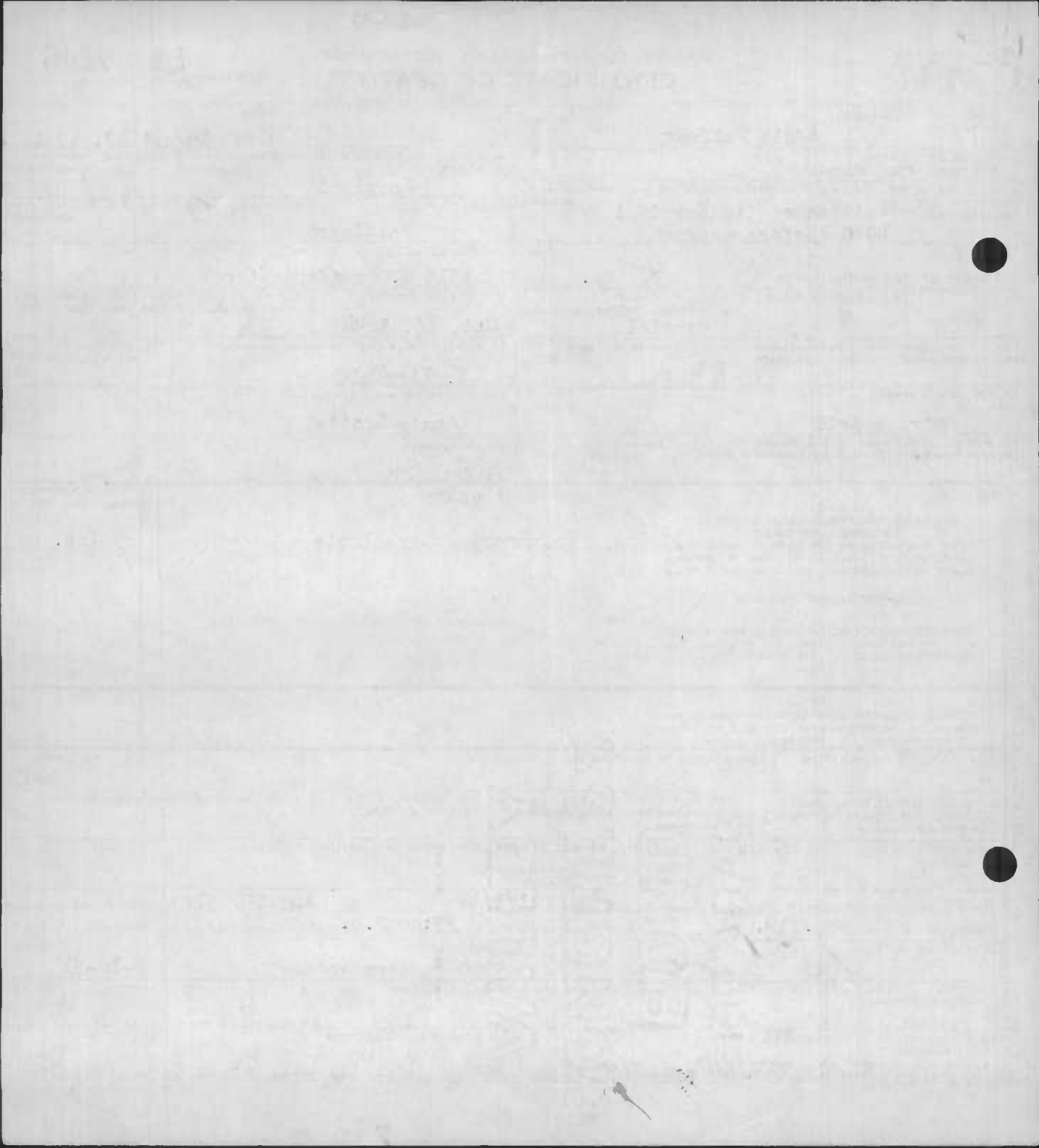
AUG 20 1951

VS 150

Bureau 8-21-1951 Holy Redeemer Cem. Balto Md - Balto Md
John C. Miller, Inc. 2425 E. Oliver St

13B

MEDICAL CERTIFICATION



524
7247BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7247

49-15762

1. NAME OF DECEASED (Type or Print) Charles Hensler			2. DATE OF DEATH AUG 18 1951			
3. PLACE OF DEATH: A. Baltimore City, Maryland 12th & W			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Middle River			
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 130 S. Randolph			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH 7-28-49	9. AGE (In years last birthday) 2	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Md		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Edward Hensler			14. MOTHER'S MAIDEN NAME Lillian Hensler			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL			
18. 010X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Tuberculosis Meningitis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)						INTERVAL BETWEEN ONSET AND DEATH 11-7-50 8-12-51
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION none			19B. MAJOR FINDINGS OF OPERATION			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4-12-1951 , to 8-18-1951 , that I last saw the deceased alive on 8-18-1951 , and that death occurred at 12:30 PM , from the causes and on the date stated above.						
23A. SIGNATURE Dr. Osborn			23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 18 Aug 51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE Aug 21-51	24C. NAME OF CEMETERY OR CREMATORY Oak Lawn		24D. LOCATION (City, town, or county) (State) Balti Co Md	
DATE RECEIVED BY LOCAL REGISTRAR AUG 20 1951		REGISTRAR'S SIGNATURE Wm. Williams, M.D.		FUNERAL DIRECTOR ADDRESS John S. Connelly Essex Md		

XXXX XXXXX XXXXX

450
51 7248
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7248
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
CORNELIUS MOYLAN		AUG 18, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)	
St. Joseph's Hosp		A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN	
		Baltimore	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
		1018 E. Biddle St	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
M	W	married	Feb 24, 1904
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday)
Instructor		Glenn L. Martin	47
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country)	
Thomas Moylan		Baltimore	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown)		14. MOTHER'S MAIDEN NAME	
(If yes, give war or dates of service)		Honora Barrett	
16. SOCIAL SECURITY NO.		17. INFORMANT	
		Nora Moylan	
		ADDRESS	
		317 Quince St	

18. E9P3X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	(A) Subdural Hematoma DUE TO	
	(B) Fracture of Skull DUE TO	
	(C) Contusion of brain	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY	
				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
		Street		In front of 1816 E. Biddle St.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
Aug, 18, 1951 7:15 pm.				Struck in face during altercation, fell to ground	
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection <u>and</u> Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input checked="" type="checkbox"/> undetermined <input type="checkbox"/>					
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER		23C. DATE SIGNED	
Stanley K. Dunderberg		M.D.		Aug 19, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		Aug. 22/51		Cathedral	
24D. LOCATION (City, town, or county)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Baltimore		Rita Wiedefeld		9006 Biddle St.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE			
AUG 20 1951		Huntington Williams, M.D.			

356
51 7249

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7249

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) <i>Anna Polk Wetmore</i>	
2. DATE OF DEATH <i>8-18-57</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Florida</i> B. COUNTY <i>V-08</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Union Memorial Hospital</i>	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Coral Gables</i>	
D. STREET ADDRESS (If rural, give location) <i>1433 Mendavia Ave.</i>	
c. Length of stay in Baltimore <i>27</i> Yrs. Mos. Days	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	
8. DATE OF BIRTH <i>2-26-1865</i>	9. AGE (In years, last birthday) <i>96</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	
10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Georgia</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>James Polk</i>	
14. MOTHER'S MAIDEN NAME <i>Hannie Maddox (Maddox)</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.	
17. INFORMANT ADDRESS <i>Mrs. William J. Casey Canterbury Road + 39th St.</i>	
18. <i>153 X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of Cecum</i> (A) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION <i>8-16-57</i>	
19B. MAJOR FINDINGS OF OPERATION <i>Cancer of Cecum</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8-3-57</i> , 19 <i>57</i> , to <i>8-19-57</i> , 19 <i>57</i> , that I last saw the deceased alive on <i>8-19-57</i> , 19 <i>57</i> , and that death occurred at <i>8:25 A.m.</i> , from the causes and on the date stated above.	
23A. SIGNATURE <i>James A. Fore</i>	
23B. ADDRESS <i>Union Memorial Hall</i>	
23C. DATE SIGNED <i>8-19-57</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24B. DATE <i>8/22/51</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Westover Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Augusta, Georgia</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 20 1951</i>	
REGISTRAR'S SIGNATURE <i>Stuntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>H. W. Meadison</i>	
ADDRESS <i>805 N. Calvert st</i>	

MEDICAL CERTIFICATION

VS 150
510207236
46E

85-11-1

RECEIVED FOR DEPT. OF JUSTICE

1951

10-11-51

M



400
51 7250BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7250
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)KATHARINE B. Healy
Healy Katharine2. DATE
OF
DEATH

8.18.1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admision)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2308 Arunah Ave

c. Length of stay in Baltimore

LIFETIME

5. SEX

Female white

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Yrs.
Mos.
Days

8. DATE OF BIRTH

1.5.1878

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

AT HOME

13. FATHER'S NAME

JOHN OWEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO

16. SOCIAL
SECURITY NO.

NONE

14. MOTHER'S MAIDEN NAME

R. Cann

17. INFORMANT

ADDRESS

2308 Arunah Ave

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH151X I
Anemia, Chy. Nephritis

Chy. Myocarditis

Ca of Liver, Hemorrh
Emphysema pulmon

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8.4.1957 to 8.18.1957 that I last saw the
deceased alive on 8.18.1957 and that death occurred at 5.25 m., from the causes and on the date stated above.

23A. SIGNATURE

Franklin Sg Woods

M. D.

23B. ADDRESS

Franklin Sg Woods

23C. DATE SIGNED

8-18-57

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

8-22-1957

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Baltimore Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Chas F. Evans & Son

118 W. Mt. Royal Ave.

VS 150

10007237

46B

NO. 100-1000000000

962



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 7251
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EDWARD SOCKRITER		2. DATE OF DEATH August 17, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write it out and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 426 Patapsco Ave.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 15, 1926
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boiler Maker's Helper		10B. KIND OF BUSINESS OR INDUSTRY Md. Dry Dock	9. AGE (In years last birthday) 25
11. BIRTHPLACE (State or foreign country) Berlin, Maryland		12. CITIZEN OF WHAT COUNTRY	
13. FATHER'S NAME Peter Sockriter		14. MOTHER'S MAIDEN NAME Daisy Wilkins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY NO. W. W. II 217-20-4118	
17. INFORMANT		ADDRESS Sadie L. Sockriter, 426 Patapsco Avenue	

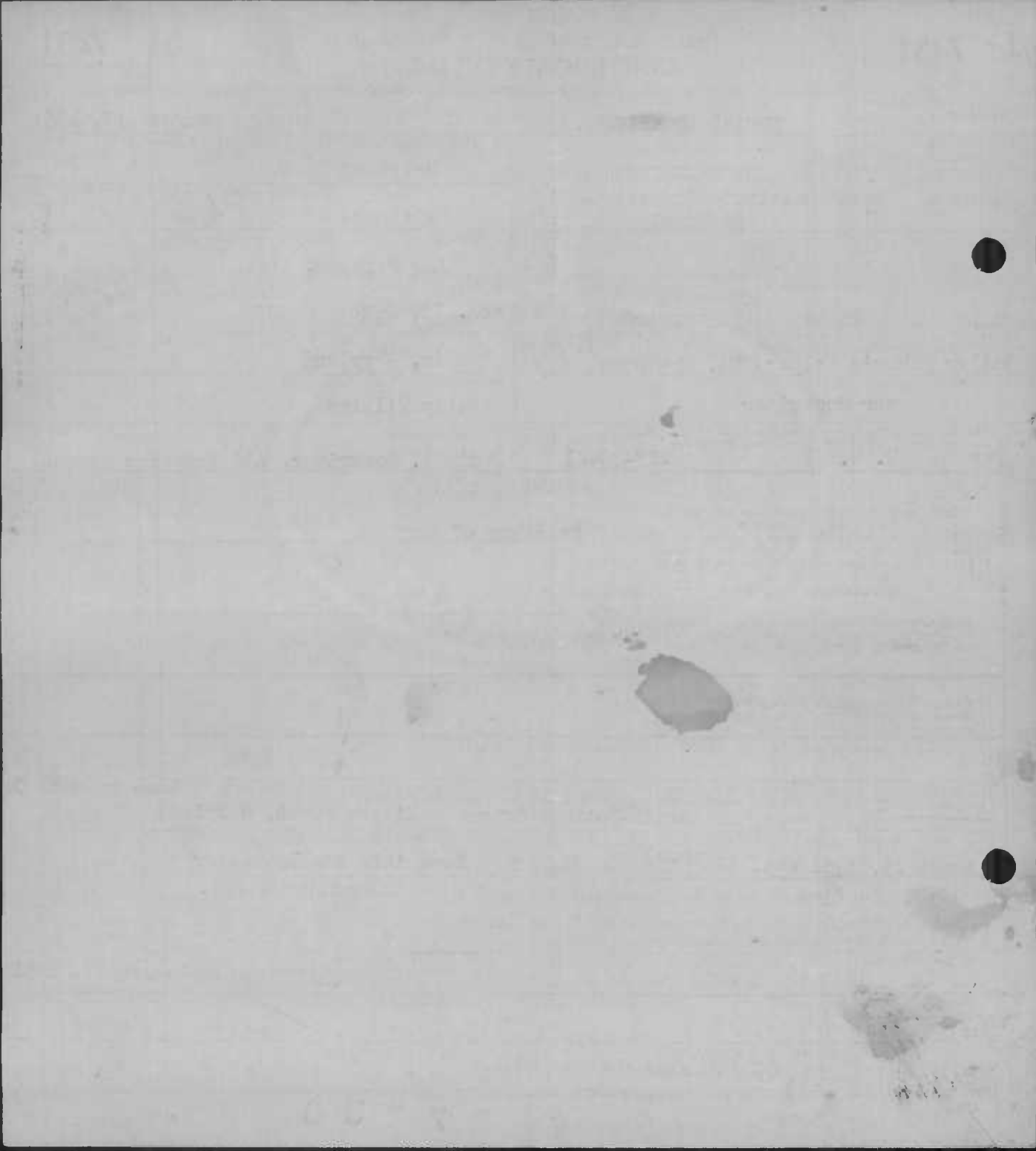
18. E902.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture of neck (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DUE TO		
(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Beach-Cottage Grove	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, Anne Arundel Co) Rivera Beach, Maryland		
21D. TIME (Month) (Day) (Year) (Hour) August 13, 1951 abt. 12 noon	21E. INJURY OCCURRED E AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Dove into shallow water		
22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>				
23A. SIGNATURE <i>[Signature]</i>		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> August 17, 1951		

24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 8/21/51	24C. NAME OF CEMETERY OR CREMATORY U.S. National	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR AUG 20 1951	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR Wm. Cook Inc. 1217 St. Paul St	

VS 151
N-805.0 5 1680 307 2 3 0 186a

MEDICAL CERTIFICATION



346
1 7252

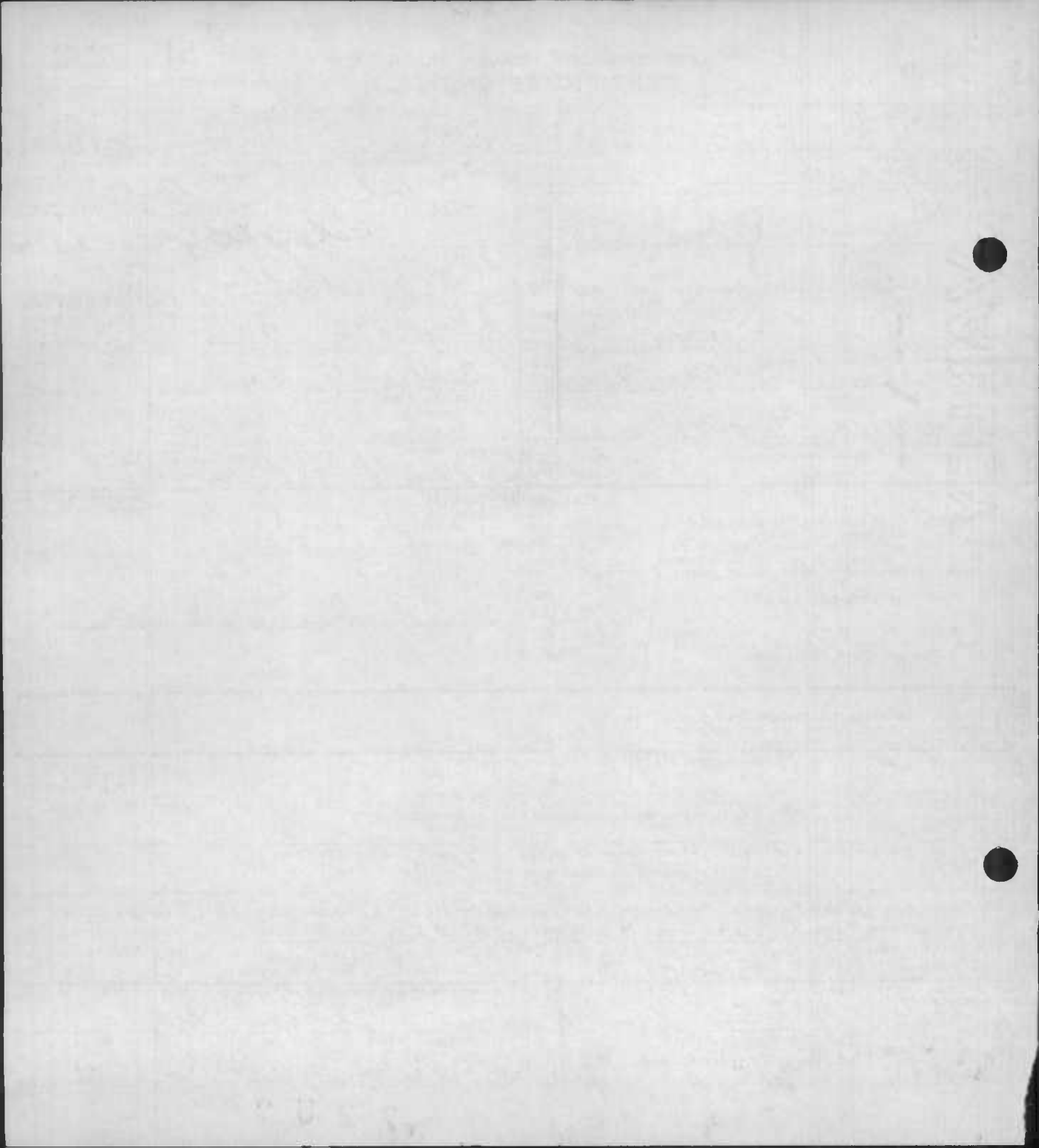
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7252
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) NETTIE BUTLER		2. DATE OF DEATH August 18, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD. B. COUNTY Balto.			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN Catonsville			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 5138 Rolling Rd.			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2/14/1878	9. AGE (In years last birthday) 73	If Under 1 Year Months: Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Butler Co., Mo.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Harmon Hoberg		14. MOTHER'S MAIDEN NAME Johnna (Unknown)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Anna Butler Elkridge Md.	
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cerebral Vascular Disease DUE TO (B) Arteriosclerotic Heart Disease DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 10 days					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from August 18, 1951 to August 18, 1951 ; that I last saw the deceased alive on August 18, 1951 , and that death occurred at 9:35 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE Johnna Butler		M. D. University Hospital		23B. ADDRESS 5138 Rolling Rd.	
23C. DATE SIGNED Aug. 19, 1951					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/21/51		24C. NAME OF CEMETERY OR CREMATORY Windsor Ridge	
24D. LOCATION (City, town, or county) Jorsey Md.		(State)			
DATE RECEIVED BY LOCAL REGISTRAR AUG 20 1951		REGISTRAR'S SIGNATURE Christington Williams, M.D.		25. FUNERAL DIRECTOR W. H. Cook Inc. 1217 St. Paul St.	
ADDRESS					

MEDICAL CERTIFICATION

19510807239 937



620
51 7253

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

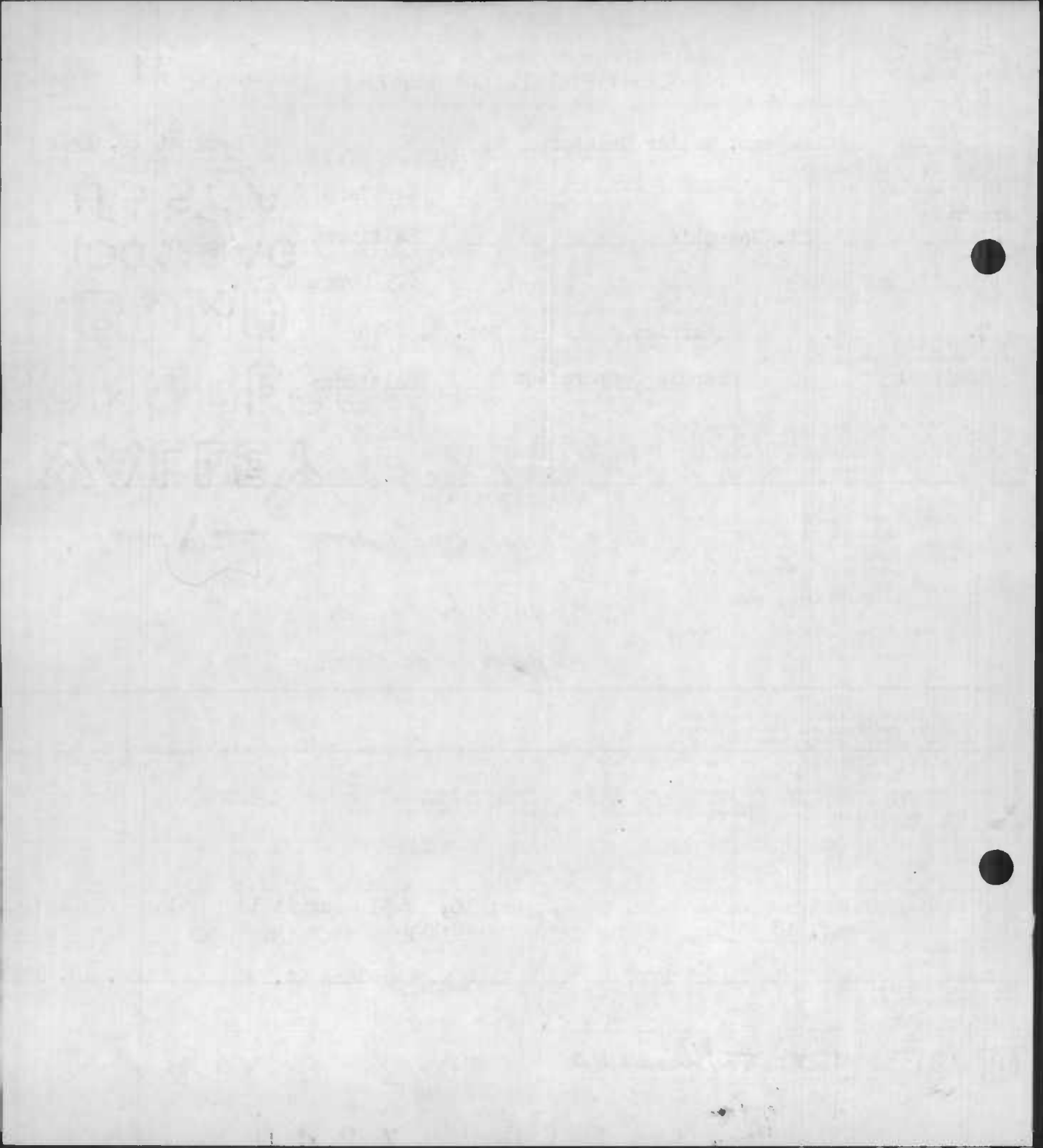
Registered No. 51 7253

1. NAME OF DECEASED (Type or Print) Meyers, Walter Gelston		2. DATE OF DEATH August 18, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 9-05	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's		C. CITY OR TOWN (If outside corporate limits write RURAL, and give township) Baltimore	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 925 Gorsuch Ave.	
5. SEX M.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, OR VORCEO (Specify) Married	8. DATE OF BIRTH Nov. 6, 1898
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10B. KIND OF BUSINESS OR INDUSTRY Arundle Corporation	9. AGE (In years last birthday) 52
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William Meyers		14. MOTHER'S MAIDEN NAME Mary Clark	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 214-03-4724	
17. INFORMANT Chas. E. Meyers		ADDRESS 925 Gorsuch Ave.	
18. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CONGESTIVE HEART FAILURE DUE TO CORONARY OCCLUSION ARTERIO SCLEROSIS		INTERVAL BETWEEN ONSET AND DEATH	
II. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNOER. LYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from August 16, 1951, to August 18, 1951, that I last saw the deceased alive on Aug. 18, 1951, and that death occurred at 2:20 p.m., from the causes and on the date stated above.			
23A. SIGNATURE Edward M. Reliak		23B. ADDRESS 1100 N. Caroline St.	23C. DATE SIGNED Aug. 18, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8/21/51	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR AUG 20 1951	REGISTRAR'S SIGNATURE W. H. Williams, M.D.	25. FUNERAL DIRECTOR Wm Cook Inc. 1217 St. Paul St.	

MEDICAL CERTIFICATION

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19510007240

94a



<div style="font-size: 2em; font-weight: bold; margin: 0;">640</div> <div style="font-size: 1.5em; font-weight: bold; margin: 0;">1 7254</div>		<div style="font-weight: bold; margin: 0;">BALTIMORE CITY HEALTH DEPARTMENT</div> <div style="font-weight: bold; margin: 0;">CERTIFICATE OF DEATH</div>		<div style="font-size: 1.5em; font-weight: bold; margin: 0;">51 7254</div> <div style="margin: 0;">Registered No. _____</div>	
BIRTH NO. _____					
1. NAME OF DECEASED (Type or Print) <i>Howard E. Byrley</i>				2. DATE OF DEATH <i>8/17/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>MD</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Josephs Hospital</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____				D. STREET ADDRESS (If rural, give location) <i>3430 Mt. Pleasant Ave</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov 23rd 1892</i>	9. AGE (In years last birthday) <i>58</i>	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Radio Division</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Balto. Transit Co.</i>		11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>	
13. FATHER'S NAME <i>Charles Edw Byrley</i>			14. MOTHER'S MAIDEN NAME <i>Amanda Fuhrman</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO. <i>213-10-1192</i>		
17. INFORMANT <i>Anna J. Byrley</i>			ADDRESS <i>3430 Mt. Pleasant Ave</i>		
18. <i>422.1</i> CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
(A) <i>Chronic Myocarditis</i>					
DUE TO					
(B) <i>Arteriosclerosis</i>					
DUE TO					
(C) _____					
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/4</i> , 1948 to <i>8/17</i> , 1951, that I last saw the deceased alive on <i>8/17</i> , 1951, and that death occurred at <i>3 a. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Joseph J. Touhey</i>		23B. ADDRESS <i>441 S. Ellwood Ave</i>		23C. DATE SIGNED <i>8/18/51</i>	
24A. BURIAL CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>8/21/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>U.S. National</i>	
24D. LOCATION (City, town, or county) <i>Balto. Md.</i>		24E. FUNERAL DIRECTOR <i>11th St. Ave. 1217 St. Paul St.</i>		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR AUG 20 1951		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>11th St. Ave. 1217 St. Paul St.</i>	

BY RLEY

630
51 7255

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7255

BIRTH NO.		1. NAME OF DECEASED (Type or Print) WALTER GARNETT GOARD		2. DATE OF DEATH August 18, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		5. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore	
6. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hosp.		D. STREET ADDRESS (If rural, give location) 3408 Fieldlea Court		7. AGE (in years last birthday) 29 8. Under 1 Year Months: Days 9. Under 24 Hours Hours: Min.	
c. Length of stay in Baltimore Yrs. Mos. Days		8. DATE OF BIRTH 6/26/1922		11. BIRTHPLACE (State or foreign country) Va.	
5. SEX Male 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipfitter Md. Dry Dock Co		12. CITIZEN OF WHAT COUNTRY?	
10B. KIND OF BUSINESS OR INDUSTRY		13. FATHER'S NAME Allen Goard		14. MOTHER'S MAIDEN NAME Lillie M. Grant	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. W. U. # 2		17. INFORMANT ADDRESS Mrs. B. Fuller Union Bridge Md.	

18. E 877.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Crushing injury of head DUE TO ANTECEDENT CAUSES (B) Fracture of skull DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

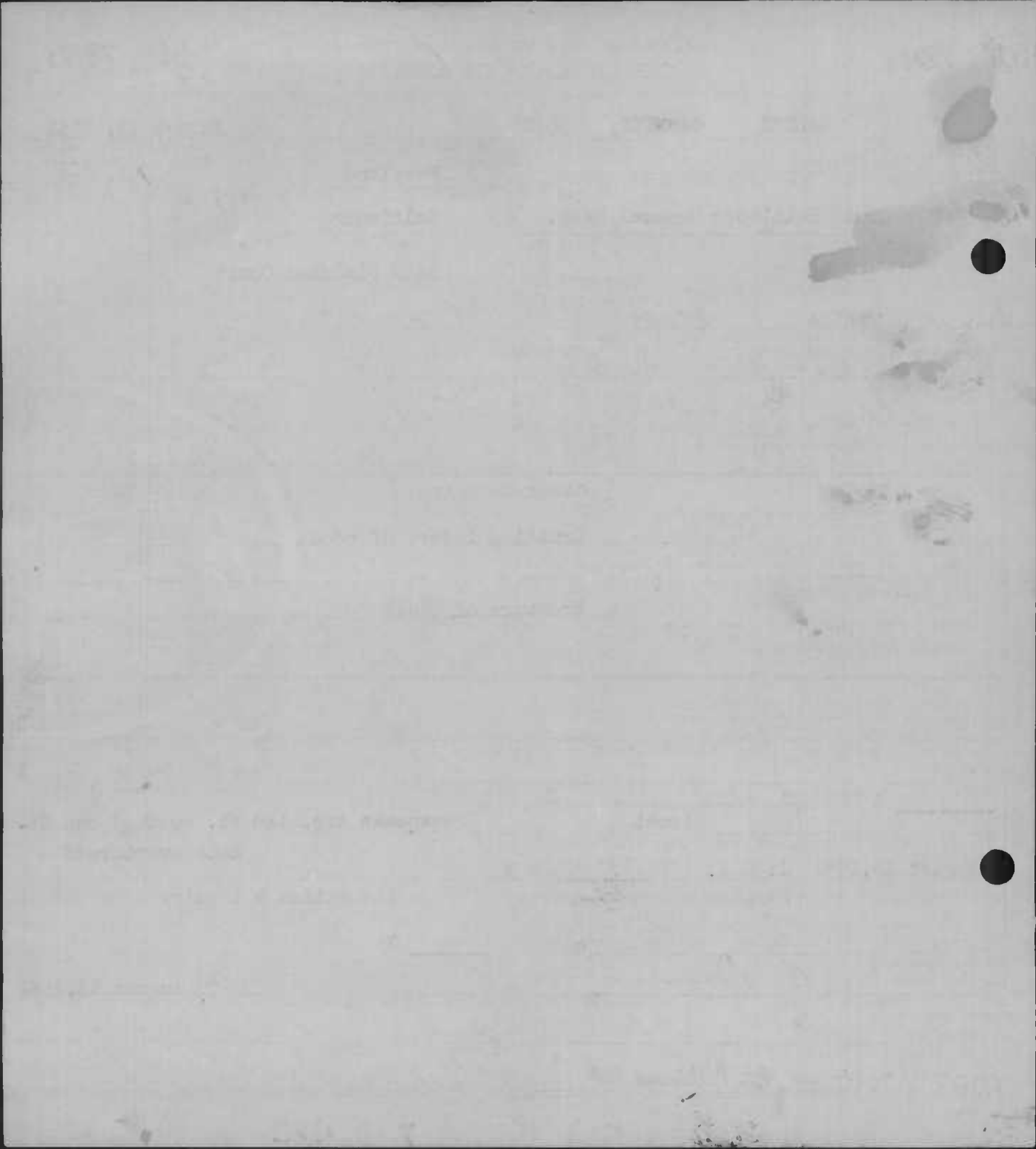
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Chesapeake Ave. 140 ft. west of Sun St.
21D. TIME (Month) (Day) (Year) (Hour) August 18, 1951 1:30 A.M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? 25/6 Auto overturned

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley H. Duncanson		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR X		23C. DATE SIGNED August 18, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/20/51		24C. NAME OF CEMETERY OR CREMATORY U. S. National

DATE RECEIVED BY LOCAL REGISTRAR AUG 20 1951		REGISTRAR'S SIGNATURE William M. ...		25. FUNERAL DIRECTOR ADDRESS Wm Cook Inc. 127 St. Paul St.
--	--	--	--	--

V S 151
N-803.2
554534
7242
170C



452
51 7256BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7256
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WALTER COLLINS

2. DATE
OF DEATH August 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONCrawford Retreat
2117 Dennison Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Virginia

B. COUNTY V-43

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Portsmouth

D. STREET ADDRESS (If rural, give location)

619 South Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 16, 1873

9. AGE (In years
last birthday)

78

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Lumberman

10B. KIND OF BUSINESS OR
INDUSTRY

Dixie Veneer Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

David Collins

14. MOTHER'S MAIDEN NAME

Carrie Benjamin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
231-01-9422

17. INFORMANT

ADDRESS

Mrs. Wm. Schwartzman, 640 Gorsuch Avenue

18. 470.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic heart disease, chronic 2 yrs

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 17, 1951, to Aug 20, 1951, that I last saw the
deceased alive on Aug 20, 1951, and that death occurred at 6:50 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

8/22/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Parkville,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 20 1951

Wm. G. G. Inc.

26 m. G. G. Inc.

1217 St. Paul Street

Letter 100

500

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7257

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles R. Cain

2. DATE
OF
DEATH

8/18/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

40 ST Agnes Hospital

C. Length of stay in Baltimore

50 - Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2020 W. North Ave.,

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Henry Cain

14. MOTHER'S MAIDEN NAME

Harriet Doyle

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. W.S. Standiford 902 Woodington Rd

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CAUSE OF DEATH

Generalized Carcinomatosis

Probable Primary Site

CA of Prostate

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/5, 1951, to 8/18, 1951, that I last saw the
deceased alive on 8/18/51, 1951, and that death occurred at 3:15 P.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 20 1951

Wm. J. Williams, M.D.

G. Howard Strong 3207 W. North Ave.

VS 150

19510007244 51B

MEDICAL CERTIFICATION

St. John's, Nfld.
April 12, 1917
Dear Sir,
I have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the matter of the St. John's, Nfld. and to inform you that the same has been forwarded to the proper authorities for their consideration.

Very respectfully,
J. H. [Signature]

Yours truly,
J. H. [Signature]

420
7258BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

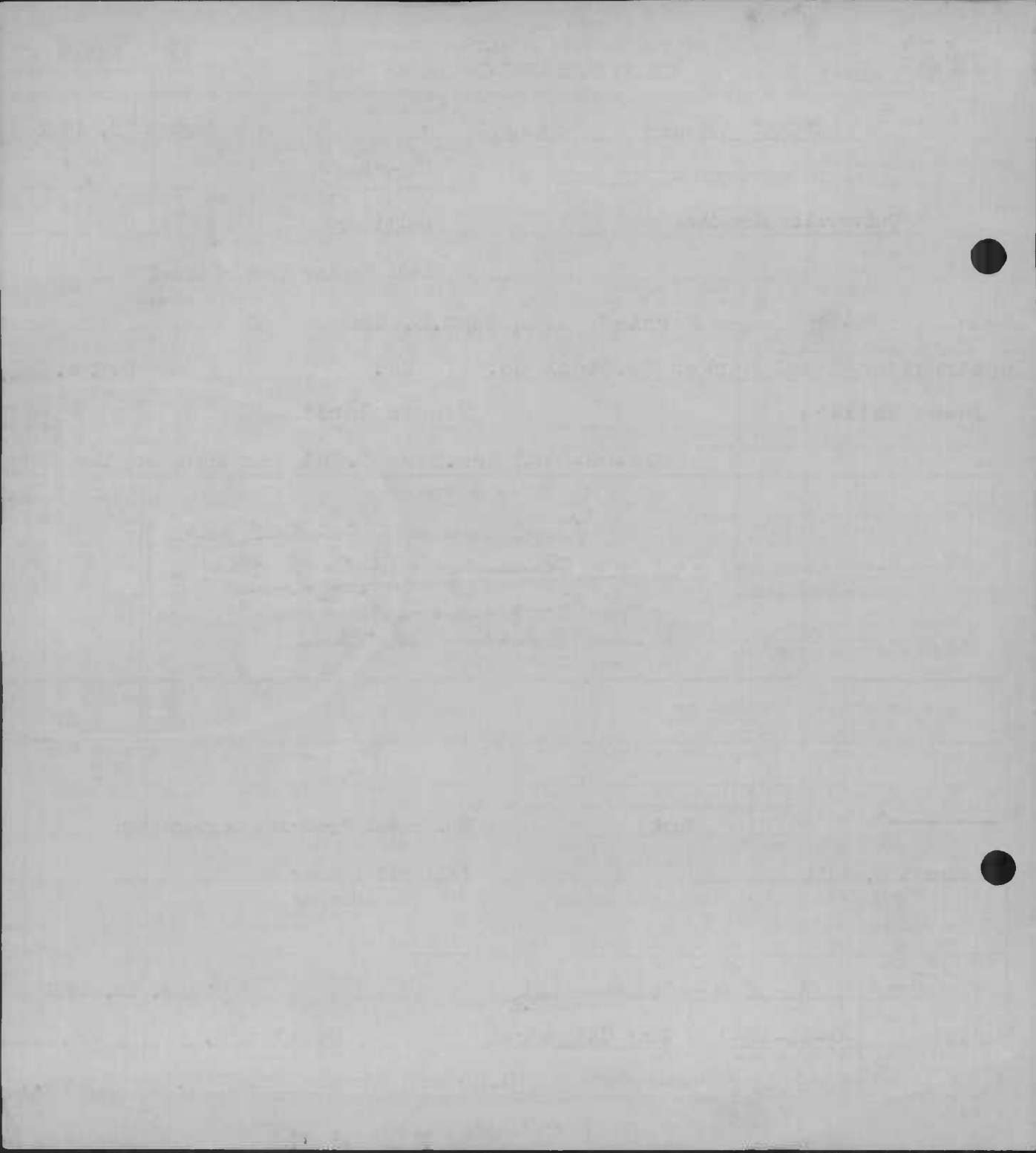
Registered No. 51 7258

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		THOMAS Edward WALLACE		2. DATE OF DEATH August 18, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN Baltimore		B. COUNTY	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1806 Poplar Grove Street		E. AGE (in years, last birthday) 50	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 3, 1900	If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Steel Worker Md. Steel Co.		10B. KIND OF BUSINESS OR INDUSTRY Va.		11. BIRTHPLACE (State or foreign country) U.S. A.	
13. FATHER'S NAME Jesse Wallace		14. MOTHER'S MAIDEN NAME Minnie Harding		12. CITIZEN OF WHAT COUNTRY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 212-03-8993		17. INFORMANT Mrs. Mary F. Wallace 1806 Poplar Grove	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 212-03-8993		ADDRESS	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Pulmonary Embolism Thrombophlebitis of leg Compression fracture of thoracic vertebra	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. Work	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Md. Steel Products Corporation	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Fell off ladder
21D. TIME (Month) (Day) (Year) (Hour) August 2, 1951	21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>		
23A. SIGNATURE Stanley H. Dunsicker M.D.	23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>	23C. DATE SIGNED Aug. 18, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8-21-1951	24C. NAME OF CEMETERY OR CREMATORY New Cathedral
DATE RECEIVED BY LOCAL REGISTRAR AUG 20 1951	REGISTRAR'S SIGNATURE William H. Williams	24D. LOCATION (City, town, or county) Baltimore, Md.
25. FUNERAL DIRECTOR G. Howard Strong		ADDRESS 3207 W. North Ave.,



Frank Edward Webb

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY Prince Georges before admission)

C. CITY OR TOWN (If outside corporate limits, write full name and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
728 Bay Street

8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.
Sept. 25, 1887	63		

11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY U S A
---	---

14. MOTHER'S MAIDEN NAME
Johannah Davis

17. INFORMANT	ADDRESS
Mrs. Mary V. Webb	728 Bay Street

CAUSE OF DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
--	---	--

2D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
--	---	----------------------------

22. I hereby certify that I attended the deceased from Oct. 1, 1950, to Aug 18, 1951, that I last saw the deceased alive on 8-18, 1951, and that death occurred at 1 P.M., from the causes and on the date stated above.

23A. SIGNATURE <i>Arthur J. Davies</i>	23B. ADDRESS 802 W 38th St	23C. DATE SIGNED 8-18-51
---	-------------------------------	-----------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY or CREMATORY	24D. LOCATION (City, town, or county)	(State)
Burial	Aug. 21, 1951	Moreland Memorial Park	Baltimore Co.,	Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
AUG 20 1951	<i>[Signature]</i>	Burgee Funeral Home	3631 Falls Road

94a

Page 12

1. The first part of the report deals with the general situation of the country. It is a very interesting and informative study of the country's development. The author has done a great deal of research and has gathered a wealth of material. The report is well written and is easy to read. It is a valuable contribution to the study of the country's development.

2. The second part of the report deals with the economic situation of the country. It is a very interesting and informative study of the country's economic development. The author has done a great deal of research and has gathered a wealth of material. The report is well written and is easy to read. It is a valuable contribution to the study of the country's economic development.

3. The third part of the report deals with the social situation of the country. It is a very interesting and informative study of the country's social development. The author has done a great deal of research and has gathered a wealth of material. The report is well written and is easy to read. It is a valuable contribution to the study of the country's social development.

200
51 7260BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7260
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Vulla Higgs

2. DATE
OF
DEATH

8-19-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. Length of stay in Baltimore

Year
Mo.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

West Va. Mineral

C. CITY OR TOWN

Keyser (Keyser)

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Rt. 3

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1902 (7-15)

9. AGE (In years;
last birthday)

49

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Housewife

13. FATHER'S NAME

Charles Clites

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Casper J. Higgs
Husband

ADDRESS

Rt. 3
Keyser, W. Va.

18. 340.3

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Chronic Meningitis ??

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

3-4 weeks?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

8-18-51

19B. MAJOR FINDINGS OF OPERATION

Normal ventriculogram

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/18, 1951, to 8/19, 1951, that I last saw the
deceased alive on 8/19, 1951, and that death occurred at 9:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Roger D. Scott

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

8/19/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Aug 22/51

24C. NAME OF CEMETERY OR CREMATORY

Parker Cemetery

24D. LOCATION (City, town, or county)

Hyndman Pa.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

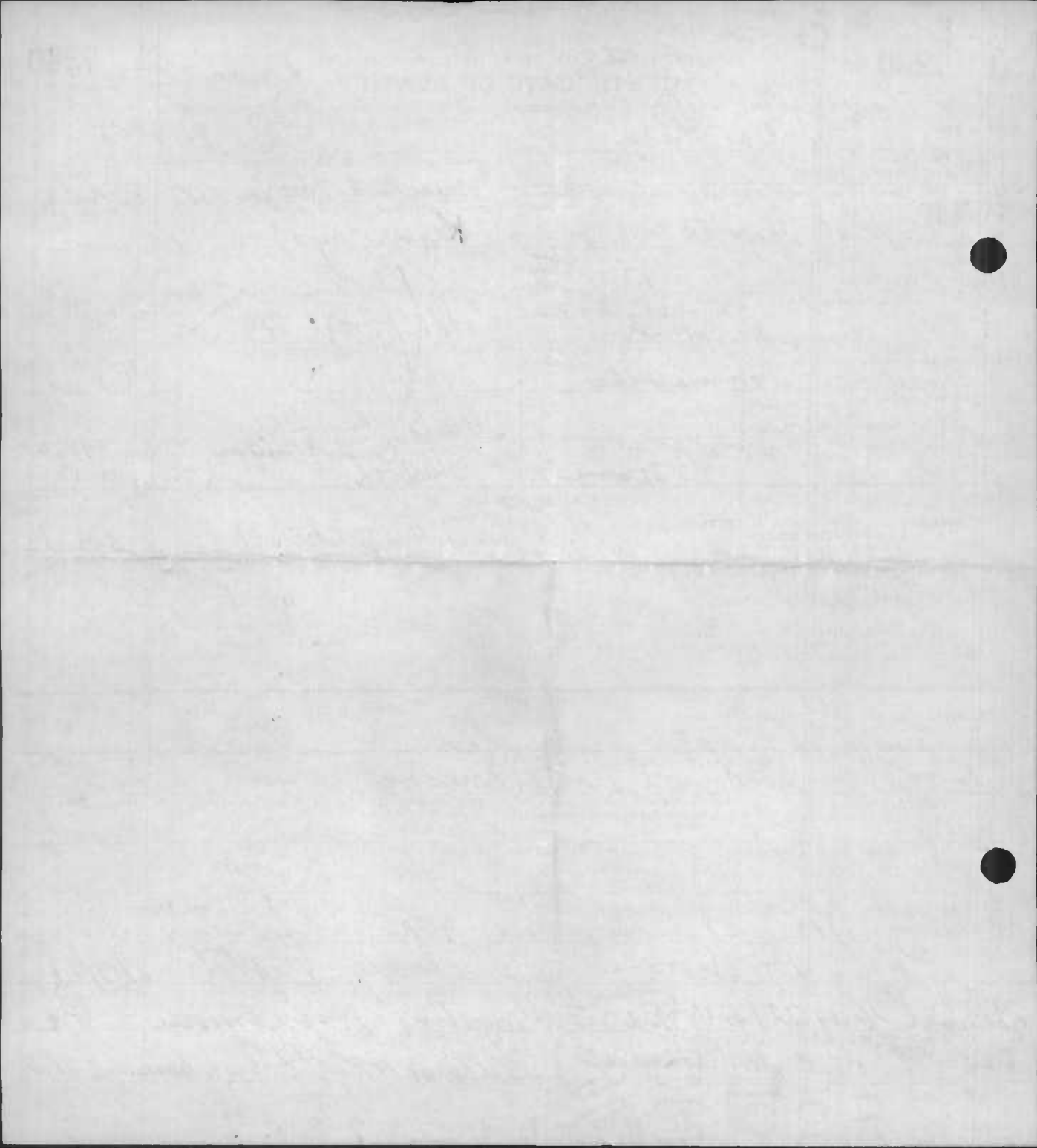
William H. Williams

25. FUNERAL DIRECTOR

William H. Knight

ADDRESS

Cynsalsand Md



362
51 7261
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7261

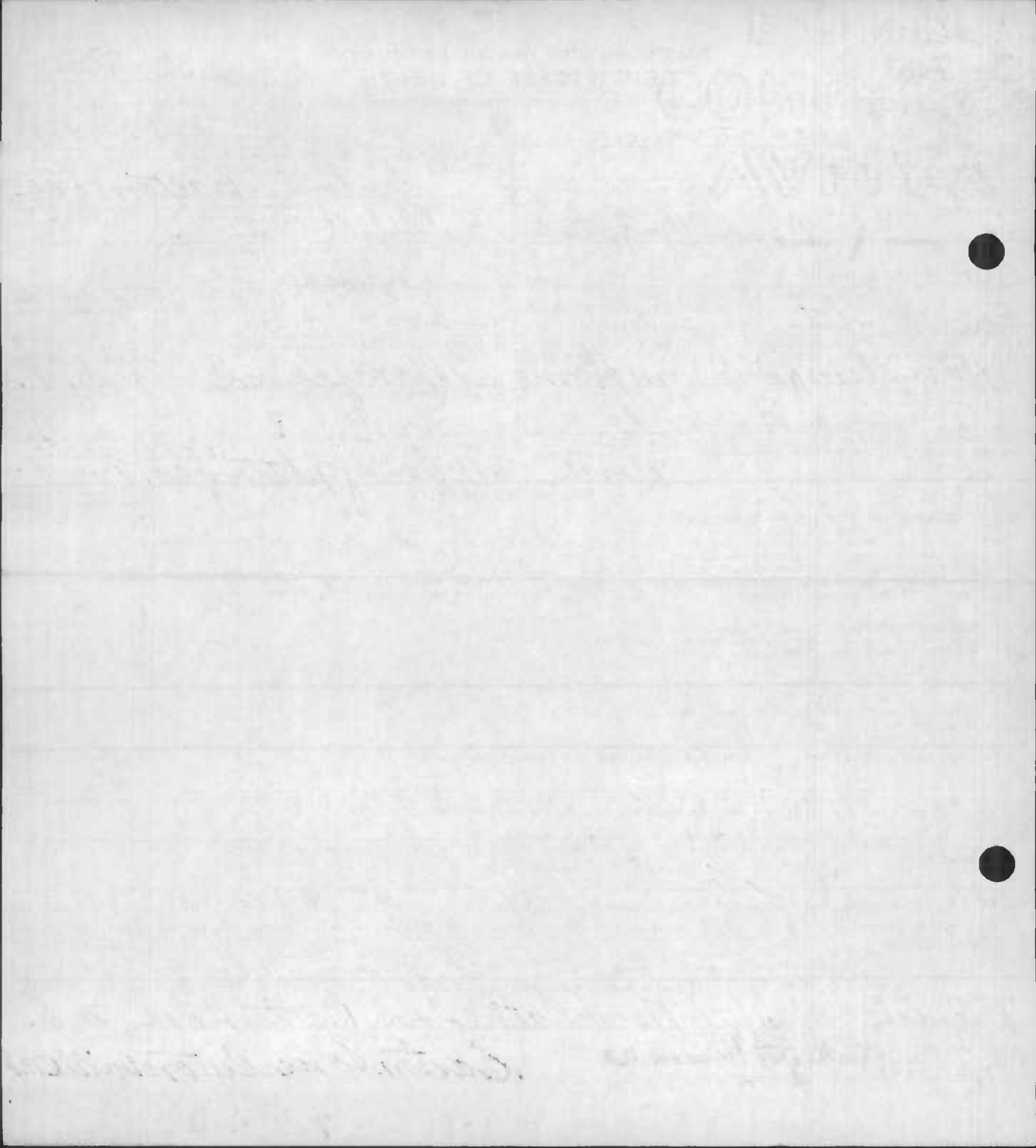
1. NAME OF DECEASED (Type or Print) MRS. MARY A. STURGEON		2. DATE OF DEATH 8-18-1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore	
b. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Edlicott City	
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) Braman Ave 5300	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH 4-24
9. AGE (In years last birthday) 61		10. UNDER 1 Year Months: Days: If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Thomas Barbarka		14. MOTHER'S MAIDEN NAME Mary ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Ms. Harry Sturgeon		18. ADDRESS 308 Augusta Ave.	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized Carcinomatosis	CAUSE OF DEATH (A) Generalized Carcinomatosis DUE TO Prim. Carcinoma of Lung. (B) _____ DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/1 , 19 51 , to 8/18 , 19 51 , that I last saw the deceased alive on 8/18 , 19 51 , and that death occurred at 2:45 Am. , from the causes and on the date stated above.					
23A. SIGNATURE Harry L. King		23B. ADDRESS St. Agnes Hosp		23C. DATE SIGNED 8/18/51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8/21/51	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Baltimore Md.	24D. LOCATION (City, town, or county) (State) Easton Lane Catonsville Md.
DATE RECEIVED BY LOCAL REGISTRAR AUG 20 1951		REGISTRAR'S SIGNATURE Wilmington Williams, Md.	
25. FUNERAL DIRECTOR Easton Lane Catonsville Md.		ADDRESS	

19510007248 47



126
51 7262
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7262
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Wilhelmina Le Fevre</i>		2. DATE OF DEATH <i>Aug. 17-1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>5000 Crosswood Rd.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>5000 Crosswood Road.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Sept. 4 - 1874</i>
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>76</i> II Under 1 Year Months: Days: II Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Christopher Bausch</i>		14. MOTHER'S MAIDEN NAME <i>?</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Mrs. Wm. Appell - 5000 Crosswood</i>
18. <i>170X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>abdomen</i> (A) <i>Carcinoma, generalized,</i> DUE TO (B) <i>Carcinoma - left breast</i> DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs. (?)</i> <i>3 yrs</i>		CAUSE OF DEATH <i>Arteriosclerosis generalized</i>	
19A. DATE OF OPERATION <i>1950 -</i>		19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma - left breast (Dr Geo Yaeger)</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>University Hosp</i>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Aug 1</i> , 1951, to <i>Aug 17</i> , 1951, that I last saw the deceased alive on <i>Aug 17</i> , 1951, and that death occurred at <i>1:30</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Charles N. Smith</i>		23B. ADDRESS <i>3601 A. Lee Ave</i>	23C. DATE SIGNED <i>8/18/51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>8-20-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore</i>
24D. LOCATION (City, town, or county) <i>Baltimore, Md</i>		(State)	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 20 1951</i>		REGISTRAR'S SIGNATURE <i>Wm. J. Williams</i>	
25. FUNERAL DIRECTOR <i>L. J. Luck</i>		ADDRESS <i>5305 Hayford Rd</i>	

James N. Sewick

April 21

April 18

April 17

21

Antiverticulus

left breast

Garcinoma

1910

Garcinoma - left breast

Garcinoma - left breast

1910

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 7263
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) JOSEPH GEORGE LAUR		2. DATE OF DEATH AUG. 19, 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Maryland b. COUNTY _____	
b. FULL NAME OF HOSPITAL OR INSTITUTION 4638 KERNWOOD AVE		c. CITY OR TOWN (If outside corporate limits, write Rural and give township) Baltimore	
c. Month of stay in Baltimore Yrs. _____ Mos. _____ Days _____		d. STREET ADDRESS (If rural, give location) 4638 Kernwood Ave	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 13-1895
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECRETARY		10B. KIND OF BUSINESS OR INDUSTRY VENUE CO	9. AGE (in years last birthday) 56
11. BIRTHPLACE (State or foreign country) Balt Md.		12. CITIZEN OF WHAT COUNTRY _____	
13. FATHER'S NAME Frank Laur		14. MOTHER'S MAIDEN NAME Anna Engle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Mrs. Carrie M. Laur		ADDRESS 4638 Kernwood	

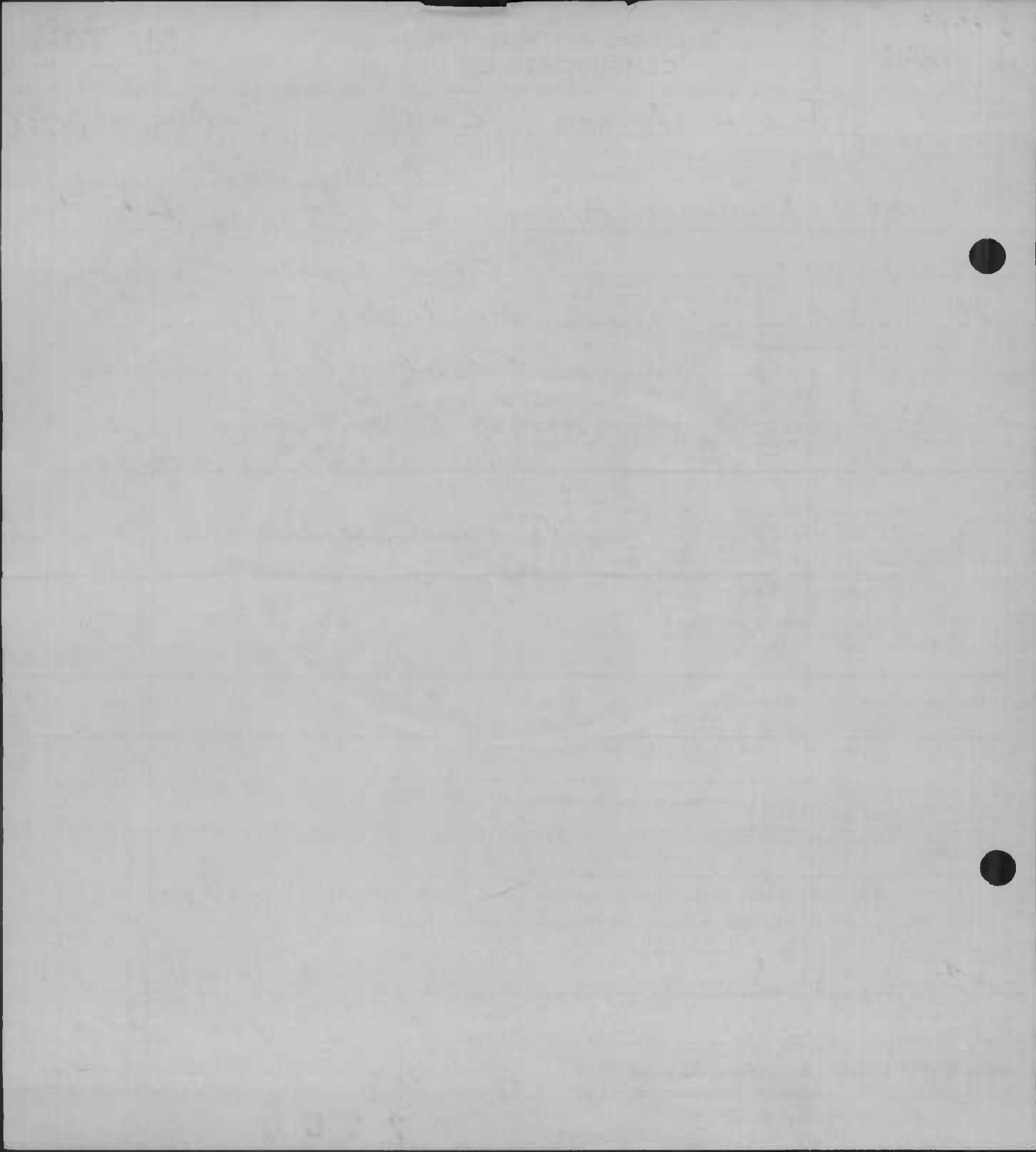
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH _____
DUE TO _____		
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ANTECEDENT CAUSES		
DUE TO _____		
DUE TO _____		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR? _____	

22. I certify that I took charge of the remains described above, held an **Inspection** and **inquiry** thereon and from the evidence obtained by said **Autopsy, Inspection or Inquiry**, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE Stanley H. Dureacher		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER M.D. _____		23C. DATE SIGNED Aug 19, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/20/51		24C. NAME OF CEMETERY OR CREMATORY Greenmount	
24D. LOCATION (City, town, or county) Balt Md		25. FUNERAL DIRECTOR L. Luck		ADDRESS 5305 Harford Rd	
DATE RECEIVED BY LOCAL REGISTRAR AUG 20 1951		REGISTRAR'S SIGNATURE Washington Williams			

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 7264
Registered No.

1. NAME OF DECEASED (Type or Print) JAMES G. DUVALL		2. DATE OF DEATH Aug 18, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1619 BOLTON ST.		C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1619 Bolton Street	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH June 18, 1897
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate		10B. KIND OF BUSINESS OR INDUSTRY SALES	9. AGE (in years last birthday) 54
13. FATHER'S NAME Alger Sidney Duvall		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? U.S.	
16. SOCIAL SECURITY NO. 216-03-8049		14. MOTHER'S MAIDEN NAME Amelia Margaret Von Kopf	
17. INFORMANT Jessie E. Duvall		ADDRESS SAME	

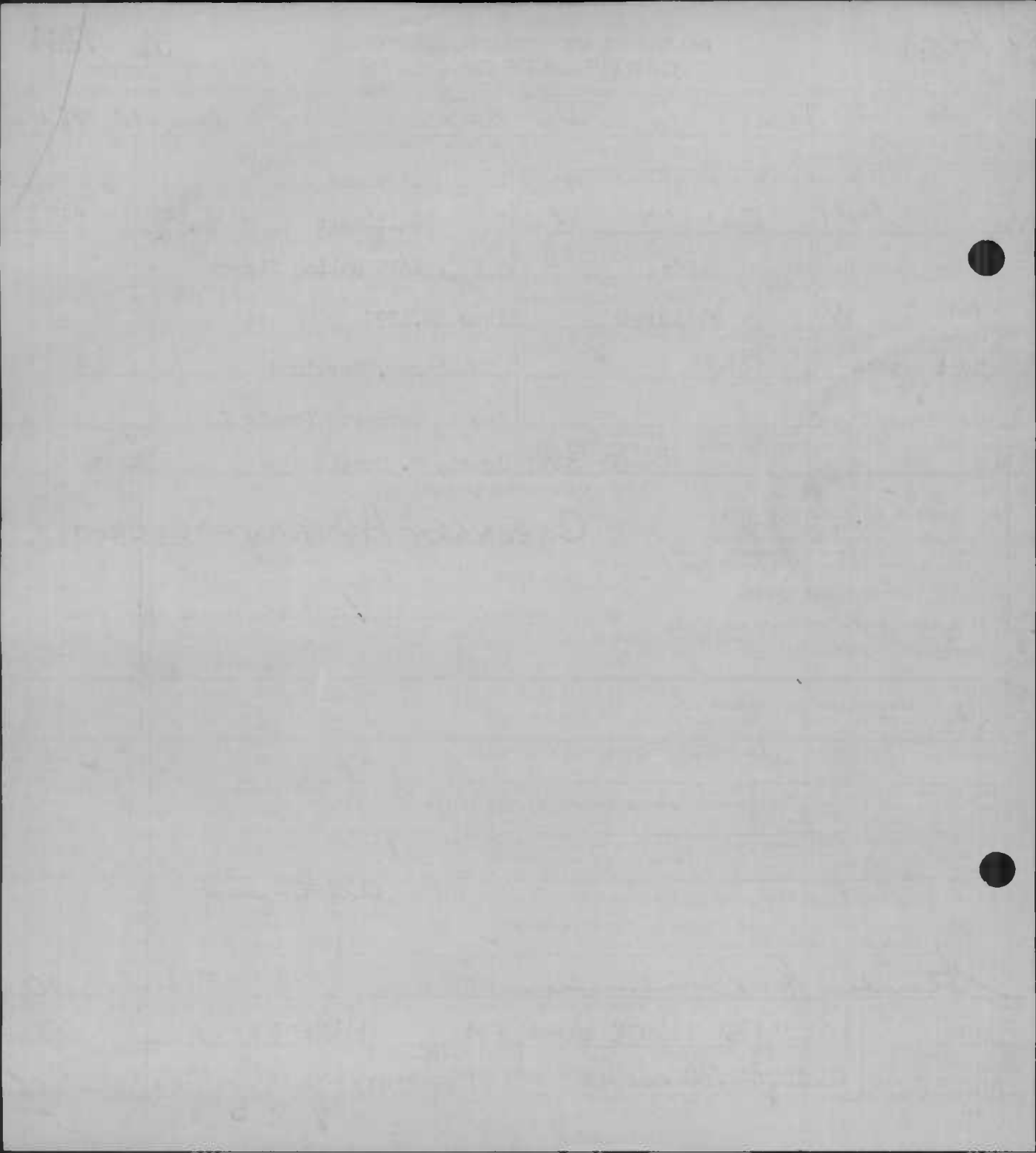
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY ARTERY SCLEROSIS		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>				

23A. SIGNATURE Stanley B. Durechew		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR		23C. DATE SIGNED Aug 18, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE AUG. 21, 1951	24C. NAME OF CEMETERY OR CREMATORY ROCK RUN CEM.	24D. LOCATION (City, town, or county) (State) HARFORD Co. MD.	
DATE RECEIVED BY LOCAL REGISTRAR AUG 20 1951		REGISTRAR'S SIGNATURE William M. ...		25. FUNERAL DIRECTOR H.W. JENKINS & Sons Co. 4905 York Rd

39574020725194a ✓

MEDICAL CERTIFICATION



526
51 7265BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7265
Registered No.

1. NAME OF DECEASED (Type or Print) PANZARELLA ANGELO		2. DATE OF DEATH 8/17/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY 05	
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hosp		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 12	
C. Length of stay in Baltimore 50 years		D. STREET ADDRESS (If rural, give location) 1810 Guilford Ave	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 8, 1893
9. AGE (In years last birthday) 58		10. Under 1 Year Months: Days Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10B. KIND OF BUSINESS OR INDUSTRY Sam Rothman	
11. BIRTHPLACE (State or foreign country) Italy		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Paul Panzarella		14. MOTHER'S MAIDEN NAME Frances Ariego	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 212-07-8686	
17. INFORMANT Nellie Panzarella - wife - above		ADDRESS	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Brain Tumor - Metastatic ? DUE TO ANTECEDENT CAUSES Bronchogenic Carcinoma DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8/11 , 1951, to 8/17 , 1951, that I last saw the deceased alive on 8/17 , 1951, and that death occurred at 11P m., from the causes and on the date stated above.			
23A. SIGNATURE Need Handler M. D.		23B. ADDRESS Sinai Hosp	
23C. DATE SIGNED 8/18/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug. 21, 1951	
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.		24D. LOCATION (City, town, or county) (State) 4430 Belair Rd. Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR AUG 20 1951		REGISTRAR'S SIGNATURE Wilmington Williams	
25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.		ADDRESS 2601-3-5 E. Madison St.	

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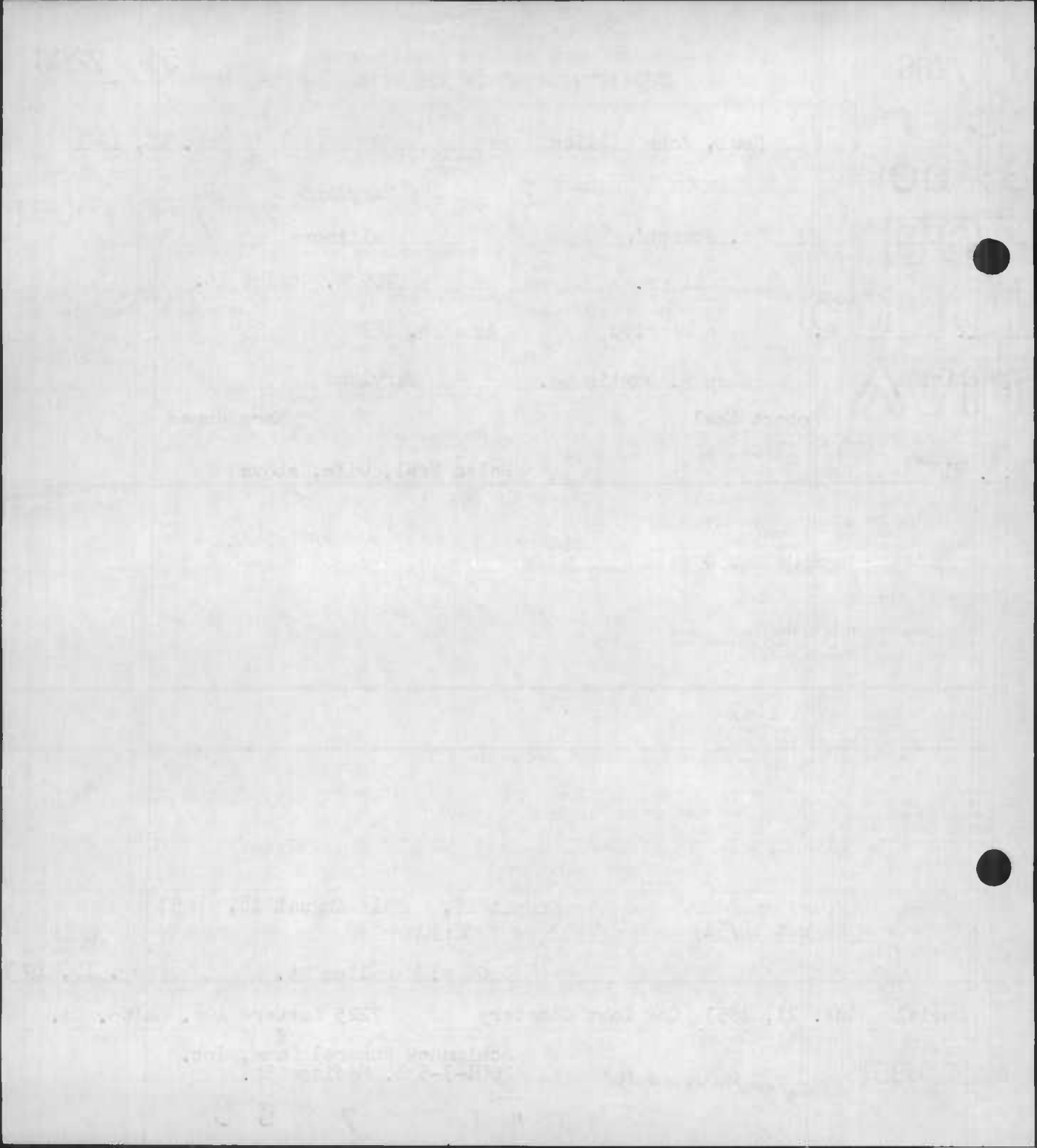
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7266

1. NAME OF DECEASED (Type or Print) Neal, John William		2. DATE OF DEATH Aug. 18, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 41 yr.		D. STREET ADDRESS (If rural, give location) 709 N. Curley St.	
5. SEX M.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 28, 1896
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10B. KIND OF BUSINESS OR INDUSTRY Glen L. Martin Co.	9. AGE (In years last birthday) 55
13. FATHER'S NAME Robert Neal		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) W.W. #1		12. CITIZEN OF WHAT COUNTRY? Maryland	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Mary Jones	
17. INFORMANT Helen Neal, wife, above		ADDRESS	
18. 434.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) CONGESTIVE HEART FAILURE DUE TO (B) COR PULMONALE DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from August 17, 1951 to August 18, 1951 that I last saw the deceased alive on August 18, 1951 and that death occurred at 2:30 p. m. , from the causes and on the date stated above.			
23A. SIGNATURE Edward M. Polak		23B. ADDRESS 1100 N. Caroline St.	
23C. DATE SIGNED Aug. 18, 1951			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug. 21, 1951	
24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery		24D. LOCATION (City, town, or county) (State) 7225 Eastern Ave. Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR AUG 20 1951		REGISTRAR'S SIGNATURE William H. Williams, M.D.	
25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.		ADDRESS 2601-3-5 E. Madison St.	

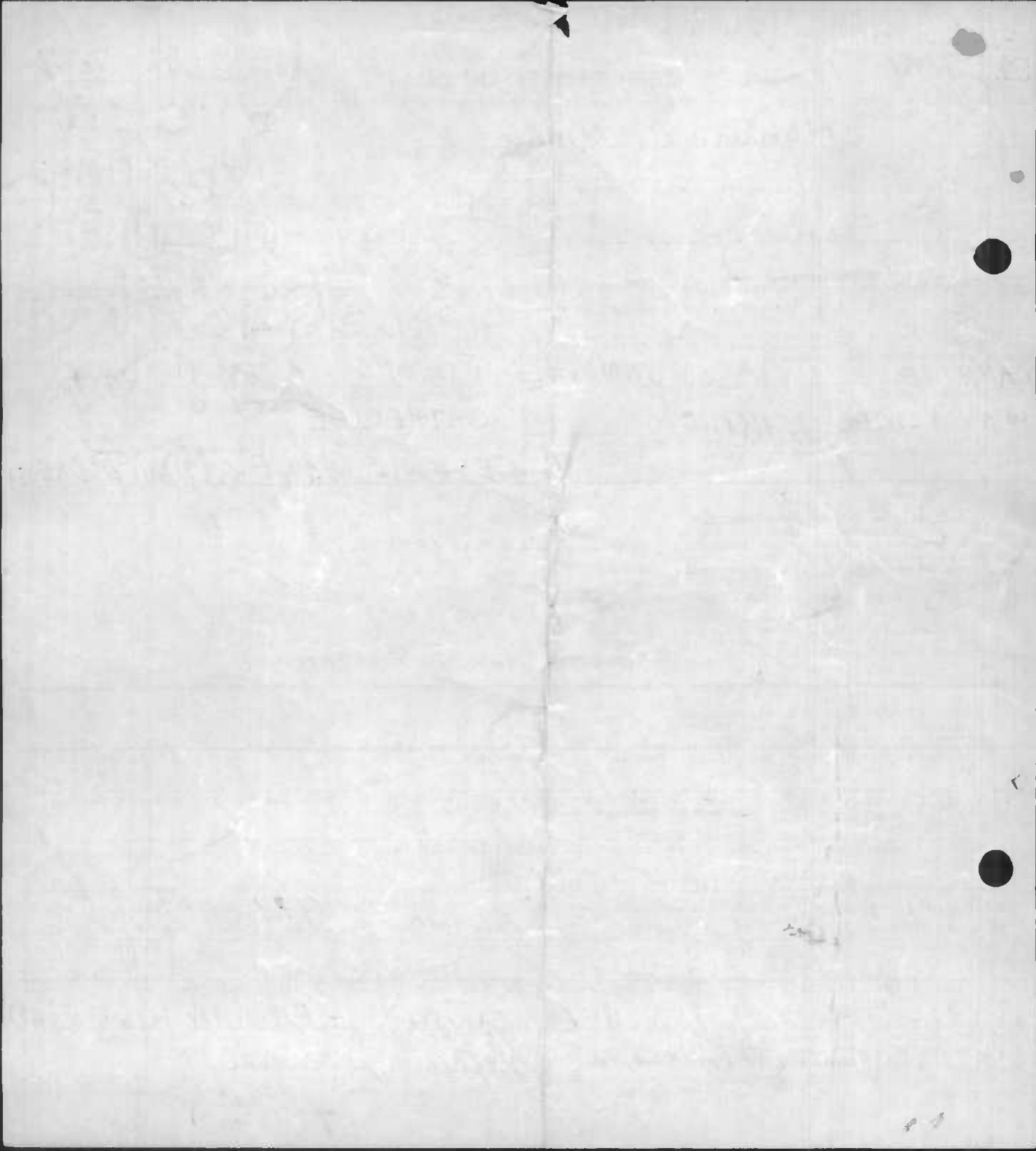
MEDICAL CERTIFICATION

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436 CERTIFICATE CORRECTED				BALTIMORE CITY HEALTH DEPARTMENT		51 7267	
BIRTH NO.				CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) <i>Hohanna Wlodarczyk</i>				2. DATE OF DEATH <i>8-19-51</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>BaNo</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sinai Hosp</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Catonsville</i> <i>5300</i>			
C. Length of stay in Baltimore <i>43</i>				D. STREET ADDRESS (If rural, give location) <i>516 Edmonson Ave</i>			
5. SEX <i>F</i>		6. COLOR OR RACE <i>W</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>		8. DATE OF BIRTH <i>APRIL 1894</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>CANNING</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>ASSD GANNING</i>		11. BIRTHPLACE (State or foreign country) <i>POLAND</i>		9. AGE (In years last birthday) <i>57</i>	
13. FATHER'S NAME <i>WAWACMEC PIKILEK</i>				12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				14. MOTHER'S MAIDEN NAME <i>CATHERINE</i>			
16. SOCIAL SECURITY NO.				17. INFORMANT ADDRESS <i>STEFANIE WOLFEK 3216 M ELDREYST</i>			
18. 300.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Inanition</i> DUE TO ANTECEDENT CAUSES (B) <i>Starvation</i> DUE TO (C) <i>Catatonic Schizophrenia</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>19</i> to <i>8/19</i> , 19 <i>51</i> that I last saw the deceased alive on <i>1504</i> , 19 <i>51</i> and that death occurred at <i>1048</i> m., from the causes and on the date stated above.							
23A. SIGNATURE <i>Frederic F. Cooley</i> M. D.				23B. ADDRESS <i>Sinai Hosp</i>		23C. DATE SIGNED <i>8/20/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>AUG. 28/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>SACRED HEART MARY</i>		24D. LOCATION (City, town, or county) (State) <i>GERMAN HIGH ROAD</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 20 1951</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Stephen J. Jakowski, Inc.</i>		ADDRESS	

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350
51 7268BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7268

Registered No.

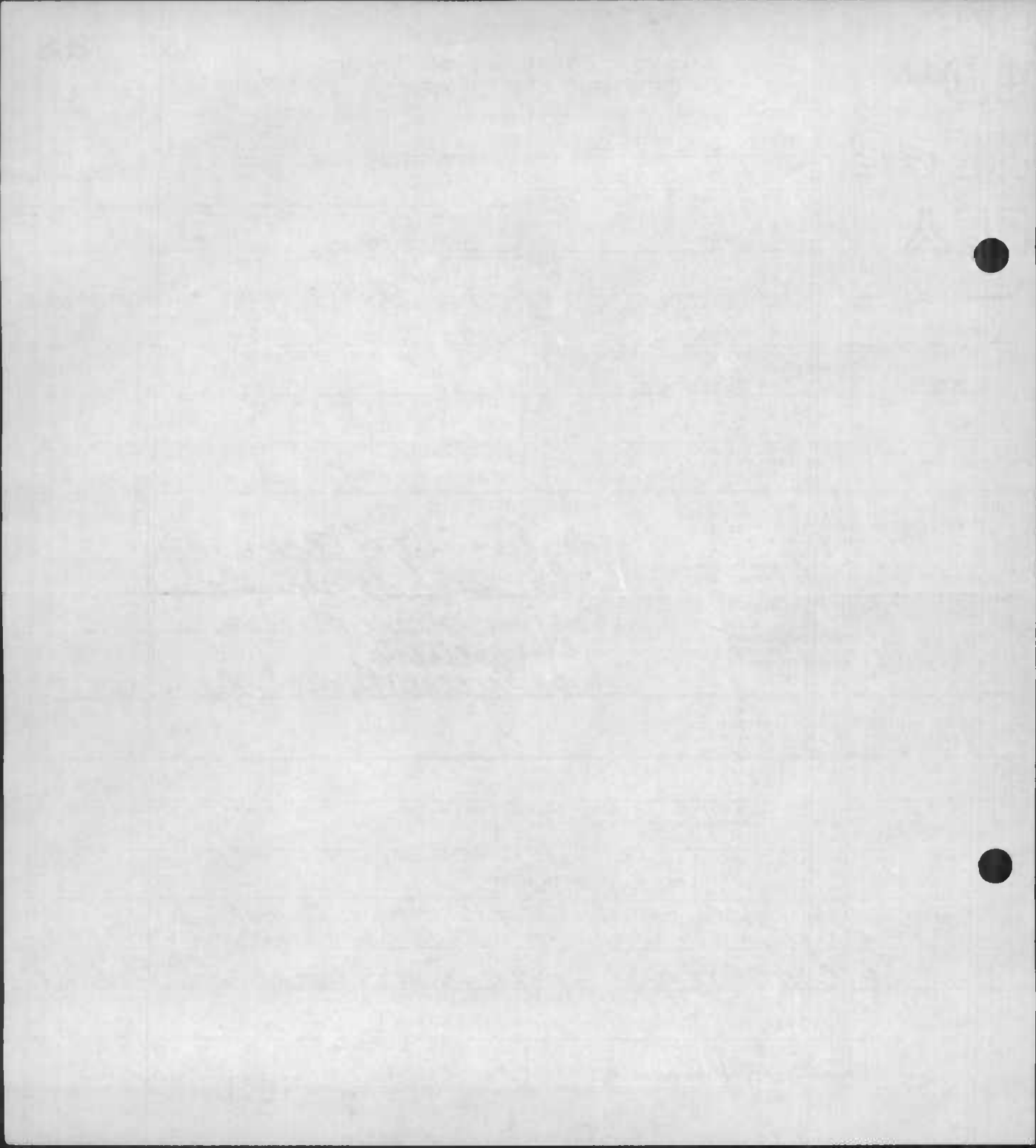
BIRTH NO.			1. NAME OF DECEASED (Type or Print) GEORGE W. GODWIN SR			2. DATE OF DEATH Aug. 18, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland 2004 McKean Ave.						4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION						C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore						D. STREET ADDRESS (If rural, give location) 2004 McKean Ave.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 4, 1855	9. AGE (In years last birthday) 96	11. BIRTHPLACE (State or foreign country) Ve.		12. CITIZEN OF WHAT COUNTRY? USA
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10B. KIND OF BUSINESS OR INDUSTRY Cigar Mfg.		14. MOTHER'S MAIDEN NAME Unknown		
13. FATHER'S NAME Jeremiah Godwin				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No				
16. SOCIAL SECURITY NO. None				17. INFORMANT ADDRESS Miss Catherine W. Godwin 2004 McKean Ave.				
18. 794X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Infirmit of age with the usual symptoms. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Injury when seeing disfigurement. no illnesses thru life. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Aug 11 , 19 51 , to Aug 18 , 19 51 , that I last saw the deceased alive on Aug 18 , 19 51 , and that death occurred at 4 P m., from the causes and on the date stated above.								
23A. SIGNATURE W. J. Tucker			23B. ADDRESS 2020 N. Charles St.			23C. DATE SIGNED 8/20/51		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 8/21/51			24C. NAME OF CEMETERY OR CREMATORY Clarkwood		
24D. LOCATION (City, town, or county) (State) Balto. Md.			25. FUNERAL DIRECTOR ADDRESS Wm. J. Tucker - Low Price Balto. Md.					

MEDICAL CERTIFICATION

6201951
VS 150

9510007255

162B



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 7269**

120
BIRTH NO. **7269**

1. NAME OF DECEASED (Type or Print) Anna B. Nowak		2. DATE OF DEATH Aug. 18/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ind. B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION 2935 E. Monument St		6. CITY OR TOWN Baltimore	
7. LENGTH OF STAY IN BALTIMORE		8. STREET ADDRESS (If rural, give location) 2935 E. Monument St	
9. SEX Female	10. COLOR OR RACE White	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	12. DATE OF BIRTH April 17, 1889
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		14. AGE (In years last birthday) 62	
15. KIND OF BUSINESS OR INDUSTRY Home		16. BIRTHPLACE (State or foreign country) Baltimore Ind	
17. FATHER'S NAME Peter Hulka		18. MOTHER'S MAIDEN NAME Barbara Pokorny	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		20. CITIZEN OF WHAT COUNTRY?	
21. SOCIAL SECURITY NO. None		22. INFORMANT Waldemar Kissing	
23. ADDRESS		24. ADDRESS	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 12 hrs.
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary sclerosis		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 1951 , to Aug 18, 1951 , that I last saw the deceased alive on Aug. 7, 1951 , and that death occurred at 7 a m., from the causes and on the date stated above.					
23A. SIGNATURE Edward Nowak		23B. ADDRESS 101 W. Read St.		23C. DATE SIGNED Aug 20. 51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8-21-51		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) (State) Baltimore Ind		25. FUNERAL DIRECTOR Frank Brachman - 8004. Chester		26. ADDRESS	

DATE RECEIVED BY LOCAL REGISTRAR **AUG 20 1951** REGISTRAR'S SIGNATURE **Wm. H. Williams, M.D.** VS 150

94a

1955

RECEIVED
JAN 10 1955
U.S. DEPARTMENT OF AGRICULTURE
WASHINGTON, D.C.

Enclosed is a copy of the
Annual Report of the
Bureau of Plant Industry
for the year 1954.

Very truly yours,
Director
Bureau of Plant Industry
U.S. Department of Agriculture
Washington, D.C.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7270

BIRTH NO. 51 7270		2. DATE OF DEATH August 12, 1951	
1. NAME OF DECEASED (Type or Print) HENRY DAVIS, JR.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
5. SEX Male 6. COLOR OR RACE Colored 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH ?-?-1927 9. AGE (In years last birthday) 24	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter 10B. KIND OF BUSINESS OR INDUSTRY Archer Laundry		11. BIRTHPLACE (State or foreign country) N. Y. 12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME P 14. MOTHER'S MAIDEN NAME ?		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Lattie Davis - George St. 413		ADDRESS	

18. 443X I CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)
(A) Hypertensive cardiovascular disease DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

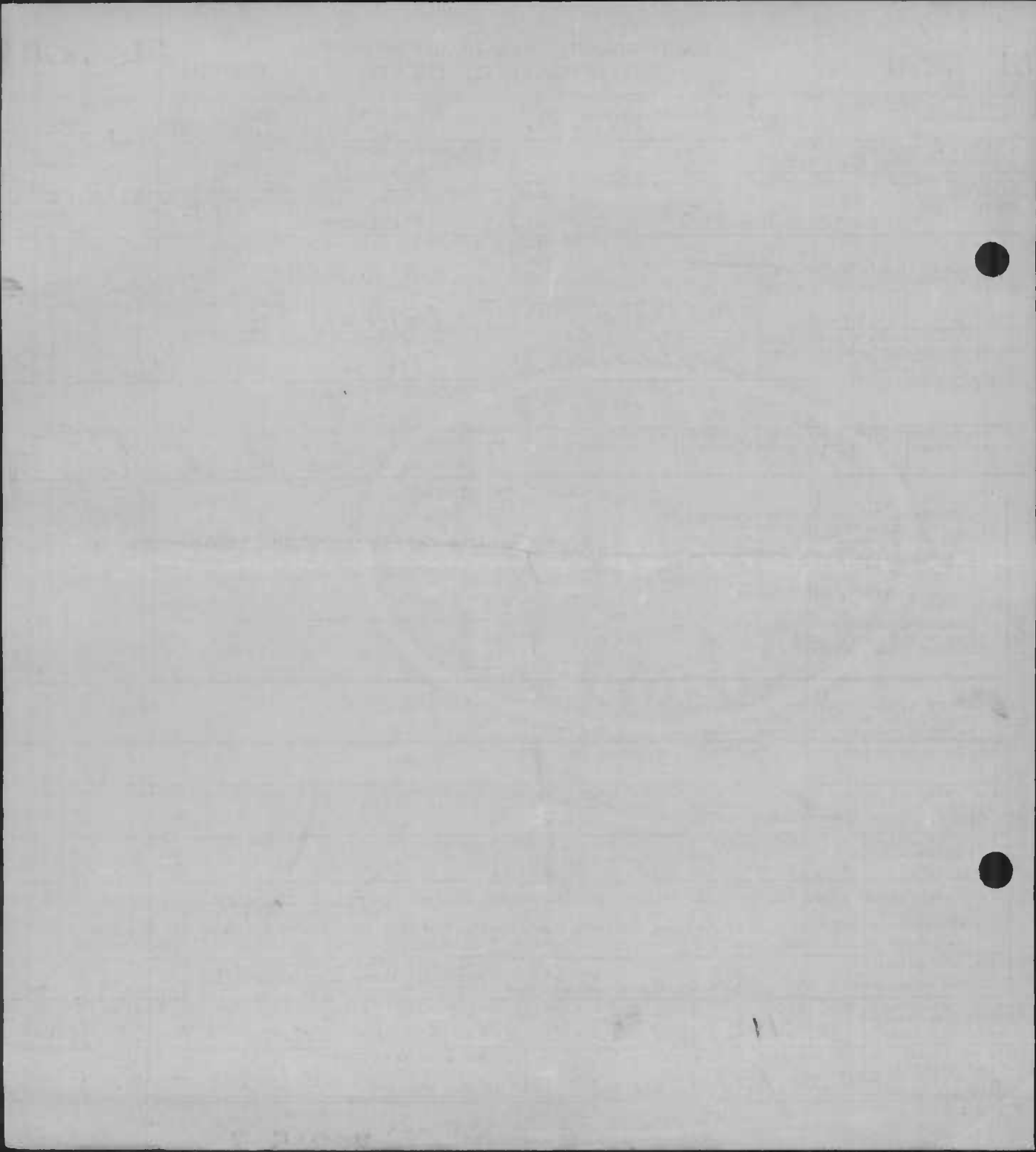
22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley K. Duescher M.D.		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED August 13, 1951	
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/24/51		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary		24D. LOCATION (City, town or county) (State) Cedar Hill Md.	
--	--	-------------------	--	--	--	---	--

DATE RECEIVED BY LOCAL REGISTRAR AUG 20 1951		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR W. Halstead - 918		ADDRESS	
--	--	-----------------------	--	--	--	---------	--

7808C. Alvin, Hill Ave 092



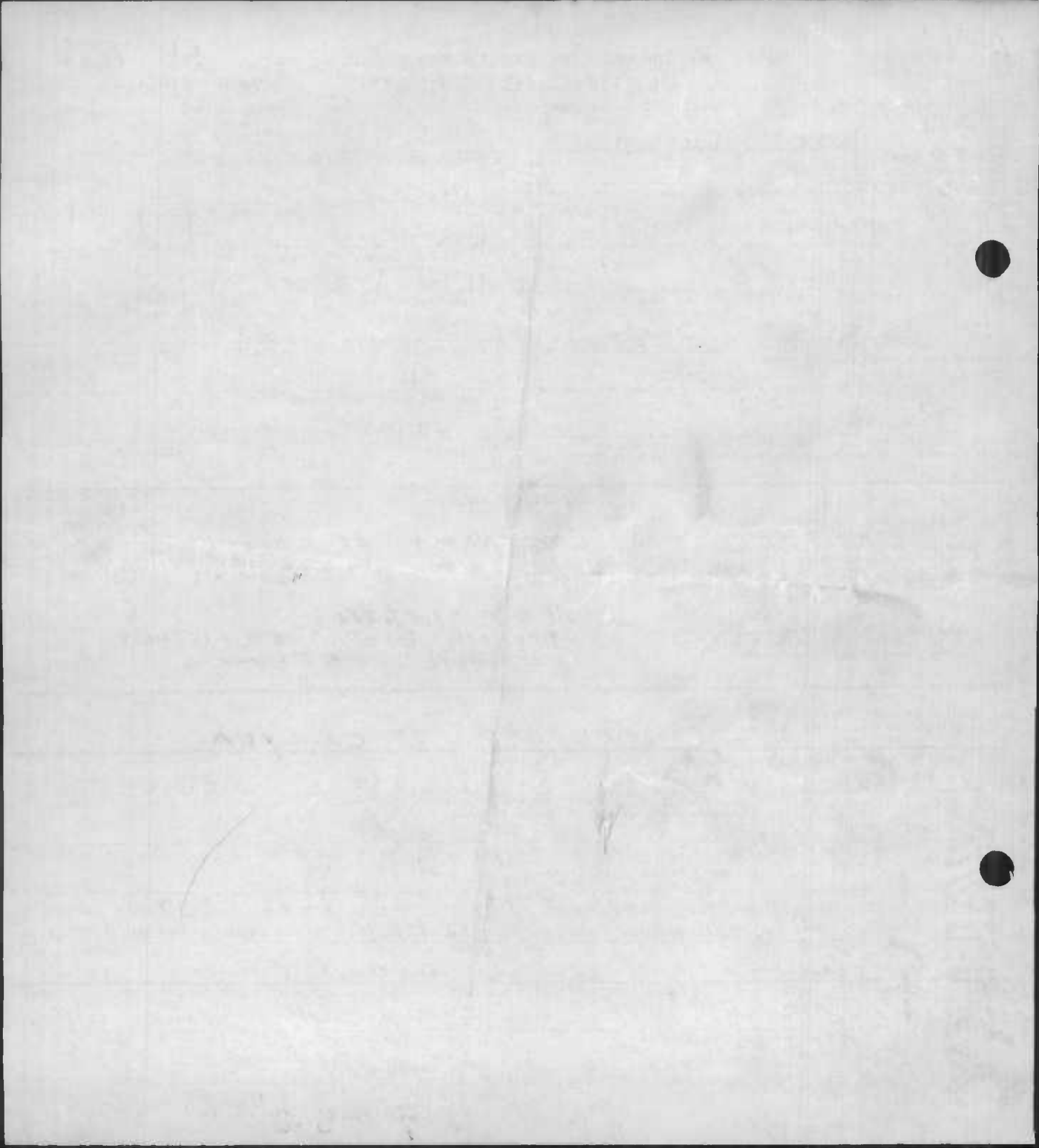
240
51 7271BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7271
Registered No.

1. NAME OF DECEASED (Type or Print) ROY RUSSELL		2. DATE OF DEATH 8-11-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY 17-02	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hosp.		C. CITY OR TOWN (If outside corporate limits, write BUREAU and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1120 Brewer St	
5. SEX M	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10B. KIND OF BUSINESS OR INDUSTRY Genl.	
11. BIRTHPLACE (State or foreign country) N.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME RICHARD		14. MOTHER'S MAIDEN NAME Sarah Brooks	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. 150X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CARCINOMA OF ESOPHAGUS DUE TO METASTASIS DUE TO BRONCHO-ESOPHAGEAL FISTULA GUMMA LARYNX	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDIION CAUSING IT. GUMMA OF LARYNX	

19A. DATE OF OPERATION 8-13-51	19B. MAJOR FINDINGS OF OPERATION ABDOMINAL METASTATIC LESION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 8-12 , 19 51 , to 8-16 , 19 51 that I last saw the deceased alive on 8-16 , 19 51 , and that death occurred at 12 P.m. , from the causes and on the date stated above.		
23A. SIGNATURE J. J. Jones M. D.	23B. ADDRESS University Hosp.	23C. DATE SIGNED 8-12-51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8/21/51	24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary
24D. LOCATION (City, town or county) (State) Cedar Hill Md.	25. FUNERAL DIRECTOR A. Halstead - 918-	

DATE RECEIVED BY
LOCAL REGISTRAR
AUG 20 1951
VS 150REGISTRAR'S SIGNATURE
W. H. Williams, Jr.ADDRESS
46a



51 7272

51 7272

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Andrew Steffe

2. DATE
OF
DEATH

August 18, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Baltimore 20-04

D. STREET ADDRESS (If rural, give location)

2448 Frederick Ave.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

2448 Frederick Ave.

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

MALE white

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

August 22, 1881

9. AGE (In years
last birthday)

69

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Machinist

10B. KIND OF BUSINESS OR
INDUSTRY

RAILROAD

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

William Steffe

14. MOTHER'S MARDEN NAME

Lillian Andrews

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

NONE

16. SOCIAL
SECURITY NO.

705-10-4054 EMMA STEFFE 2448 FREDERICK AVE.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

8-13-51

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertension

3 yrs.

(C)

Generalized arteriosclerosis

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1948 to Aug 18, 1951, that I last saw the
deceased alive on Aug 17, 1951, and that death occurred at 7:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 21 1951

Geo. L. Schwab 2101 Frederick Ave.

54450

7252

83a

MEDICAL CERTIFICATION

51 7273

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7273

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph John Feehley Sr.

2. DATE
OF
DEATH

Aug. 18, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3708 Harlem Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

3708 Harlem Ave.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Electrician

10B. KIND OF BUSINESS OR

Con. Gas & Electric Co. - Balto. Md.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Bernard Feehley

14. MOTHER'S MAIDEN NAME

Bridget Feehley

15. WAS DECEASED
(Yes, no or unknown)EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Hazel A. Feehley, 3708 Harlem Ave

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

CORONARY THROMBOSIS

INTERVAL BETWEEN
ONSET AND DEATH

8/18/51

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)ARTERIO SCLEROTIC CARDIO
VASCULAR DISEASE

2+ yrs

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JANUARY, 1945, to 8/18, 1951, that I last saw the deceased alive on 8/6, 1951, and that death occurred at 7:40 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

3029 Edmondson Ave

8/20/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Aug. 21/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral, 4300 Old Frederick Rd. Balto. Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 21 1951

Huntington Williams, M.D.

Harry H. Nitzsche

4101 Edmondson Ave.

VS 150

5155E 07260

937

MEDICAL CERTIFICATION

CONWAY, THOMAS

1000 1st St. N. W. Wash. D. C.

1000 1st St. N. W. Wash. D. C.

100 51 7274

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7274
Registered No.BIRTH NO. *Non Resident*1. NAME OF DECEASED
(Type or Print) *Baby Boy Dailey*2. DATE OF DEATH *Aug 12, 1951*3. PLACE OF DEATH:
A. Baltimore City, Maryland *Baltimore Md.*4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE *MD* B. COUNTY *Howard*B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION *University Hospital*C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
*Howard County*C. Length of stay in Baltimore *LIFE*
Yrs. *-* Mos. *-* Days *-*D. STREET ADDRESS (If rural, give location)
*213 Church Ave.*5. SEX *M* 6. COLOR OR RACE *C* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
*infant*8. DATE OF BIRTH *Aug 12* 9. AGE (In years last birthday) *2 hrs* If Under 1 Year Months: Days Hours: Min. *2*10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Infant 10B. KIND OF BUSINESS OR INDUSTRY *-*11. BIRTHPLACE (State or foreign country) *-* 12. CITIZEN OF WHAT COUNTRY? *-*13. FATHER'S NAME *Richard Purdie*14. MOTHER'S MAIDEN NAME *Sarah Dailey*15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) *No* 16. SOCIAL SECURITY NO. *-*17. INFORMANT *Mother* ADDRESS *-*18. *776X*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
DUE TO

CAUSE OF DEATH

(A) *Pneumonia*INTERVAL BETWEEN ONSET AND DEATH
2 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *-*
(C) *-*II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION *-*19B. MAJOR FINDINGS OF OPERATION *-*20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *Aug 12, 1951* to *Aug 12, 1951*, that I last saw the deceased alive on *Aug 12, 1951*, and that death occurred at *1:55 P.m.*, from the causes and on the date stated above.23A. SIGNATURE *M. E. Matthews*

M. D.

23B. ADDRESS *University Hospital*23C. DATE SIGNED *Aug 12, 1951*

24A. BURIAL, CREMATION, REMOVAL (Specify)

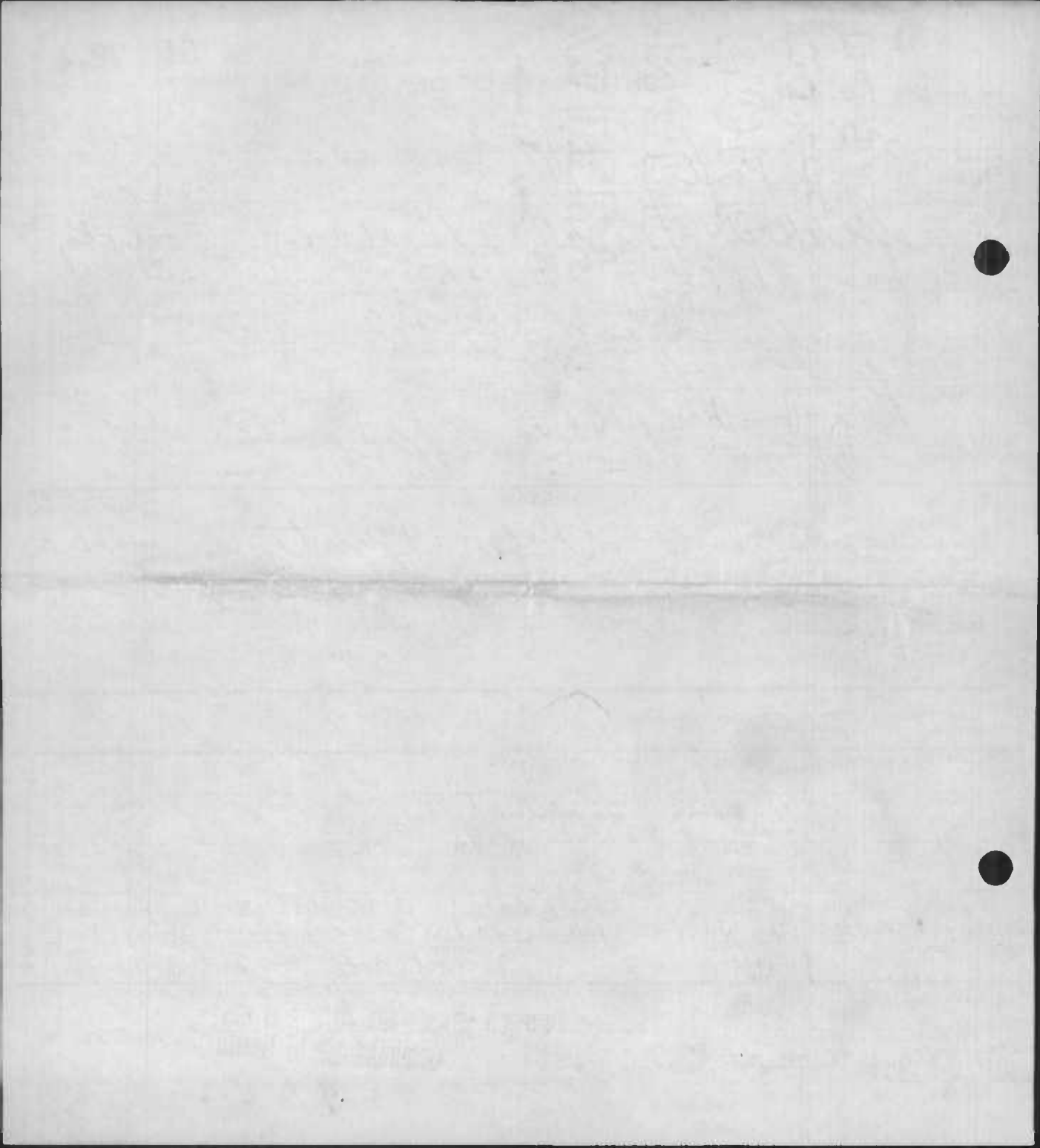
24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR
*AUG 21 1951*REGISTRAR'S SIGNATURE *Huntington Williams, Jr.*UNIVERSITY MEDICAL SCHOOL AUG 20 1951
25. FUNERAL DIRECTOR *Commissioner of Health*

ADDRESS



51 7275

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 7275

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Girl Tyson

2. DATE
OF
DEATH

8/13/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

c. Length of stay in Baltimore

12 hrs

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

baby

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

mother

ADDRESS

same

CAUSE OF DEATH

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Immaturity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

none

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/13, 1951, to 8/13, 1951, that I last saw the
deceased alive on 8/13, 1951, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Martin K. Porter M. D.

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

8/13/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL AUG 20 1951

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL

Commissioner of Health

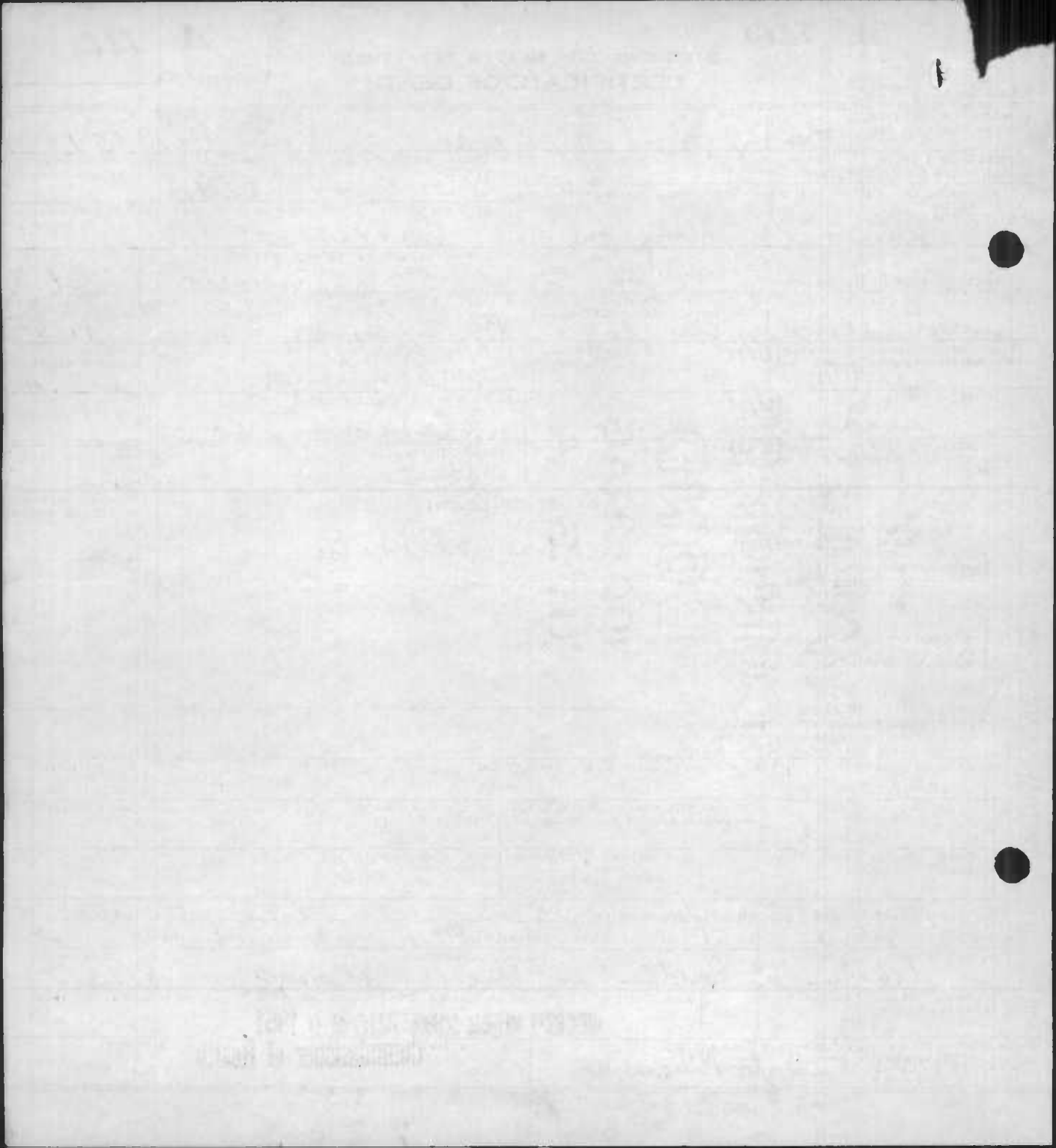
ADDRESS

VS 150

19510207262

159

MEDICAL CERTIFICATION



51 7276

51 7276

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. *N.R.*1. NAME OF DECEASED
(Type or Print)*Leigh Allen III A 87427*2. DATE
OF
DEATH*AUG 20 1951*

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION*JOHNS HOPKINS HOSPITAL*Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution; residence
before admission)

a. STATE

b. COUNTY

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

d. STREET ADDRESS (If rural, give location)

Winters Lane, extend.

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*male colored**S.*

8. DATE OF BIRTH

*1-9-48*9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.*2 1/2*10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Harristown, Catonsville*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Leigh Allen

14. MOTHER'S MAIDEN NAME

*Lillian Cole*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*JOHNS HOPKINS HOSPITAL*18. *055X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

*Myocarditis of unknown origin**1 day*

ANTECEDENT CAUSES

(B)

DUE TO

*Diphtheria**3 day*DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

CERTIFICATION APPROVED BY

William C. Sperry, M.D.

ASST. MEDICAL EXAMINER

INTERVAL BETWEEN
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUGUST 1951

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *8-19-1951*, to *8-20-1951*, that I last saw the
deceased alive on *8-20-1951*, and that death occurred at *2:10 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE

Robert E. Sperry

M.D.

23b. ADDRESS

JOHNS HOPKINS HOSPITAL

23c. DATE SIGNED

*8-20-51*24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

8-23-51

24c. NAME OF CEMETERY OR CREMATORY

Harristown

24d. LOCATION (City, town, or county)

Catonsville Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William C. Sperry, M.D.

25. FUNERAL DIRECTOR

ADDRESS

A. Halstead 918 Druid Hill

UG 211951

Med. & Coe To be approved 10 per

MEDICAL CERTIFICATION

1 day

Myocarditis of unknown origin
attributed to bacteria?

3 day

Myocarditis of unknown origin
attributed to bacteria?

8-90-21

Robert E. Appleby

51 7277

51 7277

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>JACK Jacob MALMAN (MR)</u>		2. DATE OF DEATH <u>Aug 20, 1957</u>	
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>MARYLAND</u> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>UNION MEMORIAL Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 15 15-11</u>			
D. STREET ADDRESS (If rural, give location) <u>3413 GRANTLEY Road</u>		E. _____			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT.</u>		10B. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH <u>DEC. 24, 1901</u>	
11. BIRTHPLACE (State or foreign country) <u>Russia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		9. AGE (In years last birthday) <u>49</u>	
13. FATHER'S NAME <u>Abraham MALMAN</u>		14. MOTHER'S MAIDEN NAME <u>ESTHER Stulman</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Hannah Malman - Same</u>		ADDRESS	

18. <u>200.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) <u>LYMPHOSARCOMA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 YEARS</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from July 14, 1957, to Aug 20, 1957, that I last saw the deceased alive on Aug 20, 1957 and that death occurred at 8:35 A.M. from the causes and on the date stated above.

23A. SIGNATURE <u>James A. Ford</u>		23B. ADDRESS <u>Union Memorial Hospital</u>		23C. DATE SIGNED <u>8-20-57</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>8-22-57</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Beth T. Teloh</u>	
24D. LOCATION (City, town, or county) <u>Baltimore</u>		24E. STATE <u>MD</u>			

DATE RECEIVED BY LOCAL REGISTRAR <u>AUG 21 1957</u>		REGISTRAR'S SIGNATURE <u>Wm. Williams</u>		25. FUNERAL DIRECTOR <u>Jack Lewis</u>	
VS 150				ADDRESS <u>2100 E. Baltimore</u>	

290680726 55E

MEDICAL CERTIFICATION

St 6100

51 7278

51 7278

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

49-00313

1. NAME OF DECEASED
(Type or Print)

JEROME H ASH

2. DATE
OF
DEATH

20th August 1957

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Sinci Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
a. STATE b. COUNTY before admission)

Md

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-17

d. STREET ADDRESS (If rural, give location)

3114 W. Garrison Ave

c. Length of stay in Baltimore

31

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1-4-49

9. AGE (Last birthday)

31 mo.

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY

13. FATHER'S NAME

Hyman Ash

14. MOTHER'S MAIDEN NAME

Florence Ostrow

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hyman Ash - Same

18. 375.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Tay Sachs Disease

2 1/2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Pneumonia

3 days

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from August 17, 1957, to 20 Aug, 1957, that I last saw the
deceased alive on 20 Aug, 1957, and that death occurred at 5:46 PM, from the causes and on the date stated above.

23A. SIGNATURE

Nathan Vishin

23B. ADDRESS

Sinci Hospital

23C. DATE SIGNED

Aug 20 - 1957

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

8-21-57

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Young Men

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Linton Williams, M.D.

25. FUNERAL DIRECTOR

Jack Kew 2100 Eastern Pl

ADDRESS

AUG 21 1957

VS 150

84a

51007265

MEDICAL CERTIFICATION

11 11 11 11 11 11

11
11

11 11 11 11 11 11

11 11 11 11 11 11
11 11 11 11 11 11

55
51 7279BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7279
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FLORA MILLER EISEMAN

2. DATE
OF DEATH

Aug 18, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland BALTO MD

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

ESPLANADE APTS

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

ESPLANADE APTS

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTO MD 13-01

d. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

77

Yrs.
Mos.
Days

5. SEX

FEMALE WHITE

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

OCT 7, 1874

9. AGE (In years
last birthday)

77

10. Under 1 Year
Months Days

10 11

11. Under 24 Hours
Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSE WIFE

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JOSEPH MILLER

14. MOTHER'S MAIDEN NAME

AMELIA

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

MILLER, EISEMAN STRATHMORE
3500 AVE

18. 416 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Embolus

INTERVAL BETWEEN
ONSET AND DEATH

sudden

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE, (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Pericardial Effusion

6 mo.

DUE TO

Chronic Pericarditis

1 yr.

(C)

Chronic myocarditis

2 yr.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1945, to Aug 18, 1951, that I last saw the
deceased alive on 8/18, 1951, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE

J. P. Silva

M. O.

23b. ADDRESS

Tough Garden apt.

23c. DATE SIGNED

8/20/51

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

DATE RECEIVED BY
LOCAL REGISTRAR

AUG 21 1951

24b. DATE

Aug 21, 1951

REGISTRAR'S SIGNATURE

William M. Williams

24c. NAME OF CEMETERY OR CREMATORY

BALTIMORE HEBREW CEM

24d. LOCATION (City, town, or county)

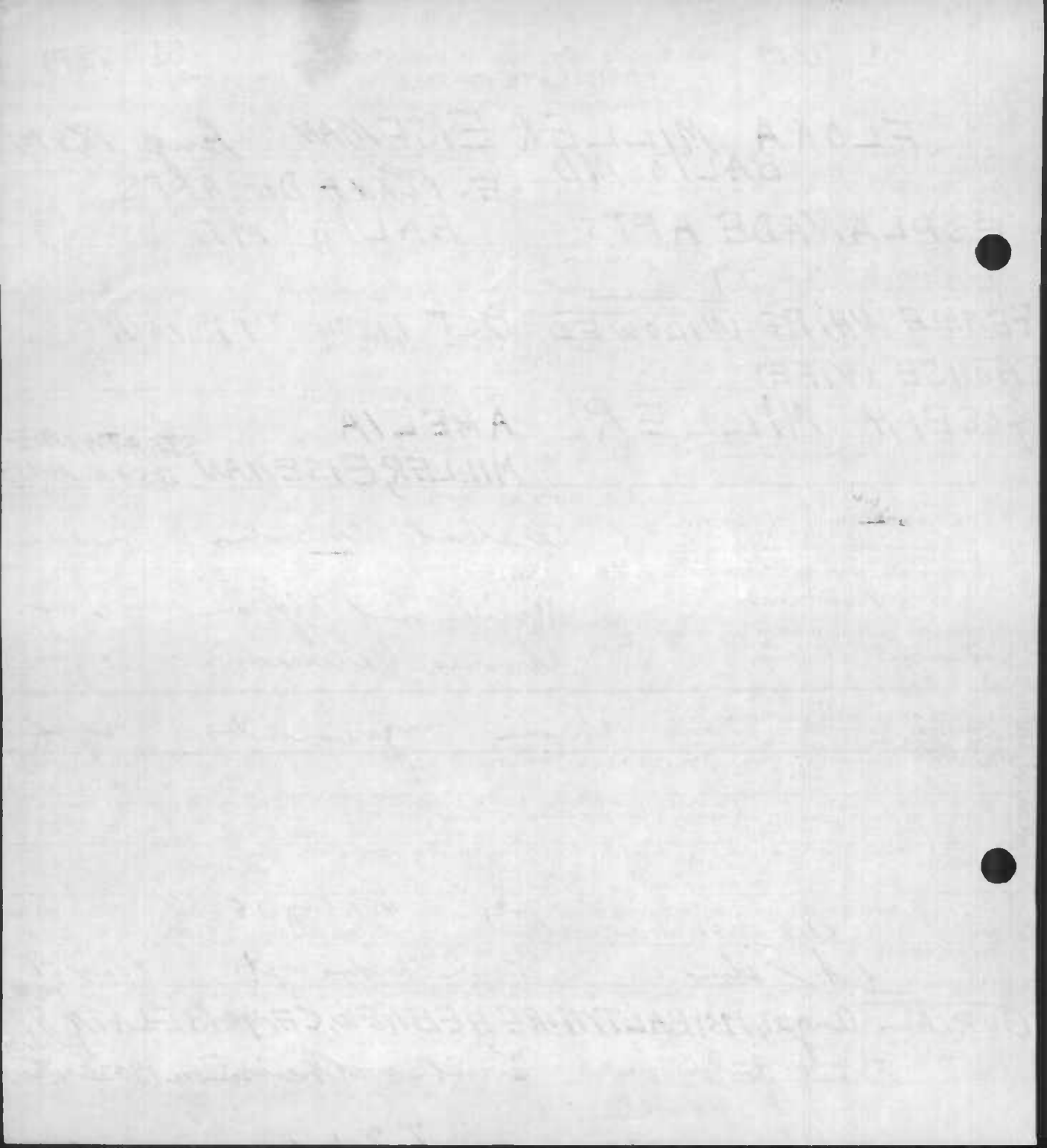
BELAIR

25. FUNERAL DIRECTOR

David Sordheims Son

ADDRESS

1902 E. E. Ave



51 7280

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7280
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ERWIN HUBER

2. DATE
OF
DEATH

August 12, 1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)
University of Maryland Hospital4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE
MARYLAND B. COUNTY
BALTIMOREC. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
TOWSOND. STREET ADDRESS (If rural, give location)
620 Chesnut Ave. 5300

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

B. DATE OF BIRTH

Feb. 14, 1886

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
PRESIDENT & OWNER (NFC)10B. KIND OF BUSINESS OR
INDUSTRY
Top Flight Tape Co.

11. BIRTHPLACE (State or foreign country)

Minnesota

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John C. Huber

14. MOTHER'S MAIDEN NAME

Fredericka Capoff

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.
None

17. INFORMANT

Hospital Records

ADDRESS

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

10 minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Massive gastrointestinal hemorrhage of
unknown cause

3 days

(C)

Hypertensive cardiovascular disease

2 years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

August 12, 1957

MECKEL'S DIVERTICULUM

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/15 1957, to 8/17 1957, that I last saw the
deceased alive on 8/17 1957, and that death occurred at 11:20 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert T. Parker

23B. ADDRESS

M. O. University Hospital Balto

23C. DATE SIGNED

Aug 18, 1957

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Aug. 20, 1951

24C. NAME OF CEMETERY OR CREMATORY

Prospect Hill Cemetery

24D. LOCATION (City, town, or county) (State)

Towson, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

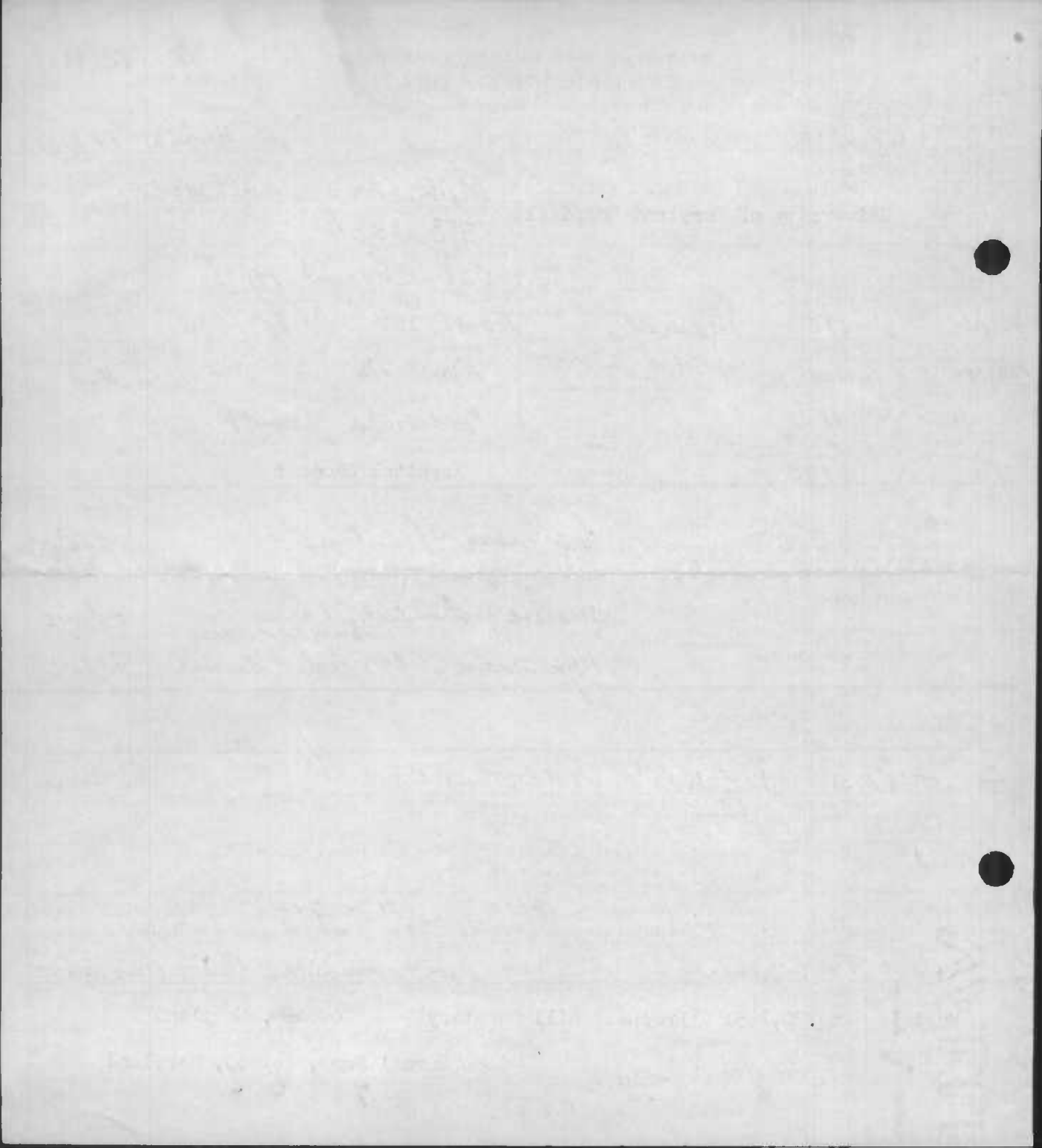
REGISTRAR'S SIGNATURE

Tunington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John Burns' Sons, Towson, Maryland



D-324
51 7281

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7281
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) DANIEL DITZEL		2. DATE OF DEATH 8/19/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE			
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RUXTON			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1803 ROLAND AVENUE 5300			
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH AUG. 14, 1936	9. AGE (In years, last birthday) 15	10. Under 1 Year Months: Days: - -
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SCHOOL BOY		10B. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) MARYLAND	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME DANIEL JENIFER DITZEL, JR.		14. MOTHER'S MAIDEN NAME GRACE ALBAN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknowns) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT ADDRESS FAMILY RECORDS	
18. E 935.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ELECTRICAL BURN CAUSED BY LIGHTNING.		CAUSE OF DEATH (A) ELECTRICAL BURN CAUSED BY LIGHTNING. (B) CERTIFICATION APPROVED BY W. S. Mc Cafferty, M.D. William D. D. CHIEF OR ASST. MEDICAL EXAMINER. (C)		INTERVAL BETWEEN ONSET AND DEATH	
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ANTECEDENT CAUSES		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accidental		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) golf course		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Five Farms Golf Course - Timonium 5300	
21D. TIME (Month) (Day) (Year) (Hour) 8-19-51 3:00P. m.		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Struck by lightning	
22. I hereby certify that I attended the deceased from Dead on arrival U.M.H. sec. Room , that I last saw the deceased alive on 19 , and that death occurred at 3:40 pm. , from the causes and on the date stated above.					
23A. SIGNATURE John Cronin		23B. ADDRESS Union Memorial Hospital		23C. DATE SIGNED 8/19/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE AUG. 22, 1951		24C. NAME OF CEMETERY OR CREMATORY SATER'S BAPTIST CEM.	
24D. LOCATION (City, town, or county) (State) LUTHERVILLE, MD.		25. FUNERAL DIRECTOR JOHN BURNS' SONS, TRULSON, MD.		ADDRESS	

MEDICAL CERTIFICATION

DATE RECEIVED BY LOCAL REGISTRAR
AUG 21 1951

N-984.2 51000720 192

1251

RECEIVED BY THE
OFFICE OF THE
SECRETARY OF THE
NAVY

1251

TO THE SECRETARY OF THE NAVY
WASHINGTON, D. C.
FROM THE SECRETARY OF THE NAVY
WASHINGTON, D. C.
SUBJECT: [Illegible]

RECEIVED BY THE
OFFICE OF THE
SECRETARY OF THE
NAVY
WASHINGTON, D. C.
FROM THE SECRETARY OF THE NAVY
WASHINGTON, D. C.
SUBJECT: [Illegible]

RECEIVED BY THE
OFFICE OF THE
SECRETARY OF THE
NAVY
WASHINGTON, D. C.
FROM THE SECRETARY OF THE NAVY
WASHINGTON, D. C.
SUBJECT: [Illegible]

45 ✓ 51 7282

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7282
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ARTHUR ELDRIDGE HELMICK		2. DATE OF DEATH August 19, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 24-03	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 127 E. Burkehead Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 19, 1905
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST		10B. KIND OF BUSINESS OR INDUSTRY SHIP YARD	9. AGE (In years last birthday) Months Days Hours Min. 45
11. BIRTHPLACE (State or foreign country) ENGILVILL, COL.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME MATHEW HELMICK		14. MOTHER'S MAIDEN NAME INA EDWARDS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT MRS FRANCES M. HELMICK		ADDRESS 127 BIRKHEAD ST	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary artery sclerosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH Coronary artery sclerosis (A) (B) (C)	INTERVAL BETWEEN ONSET AND DEATH
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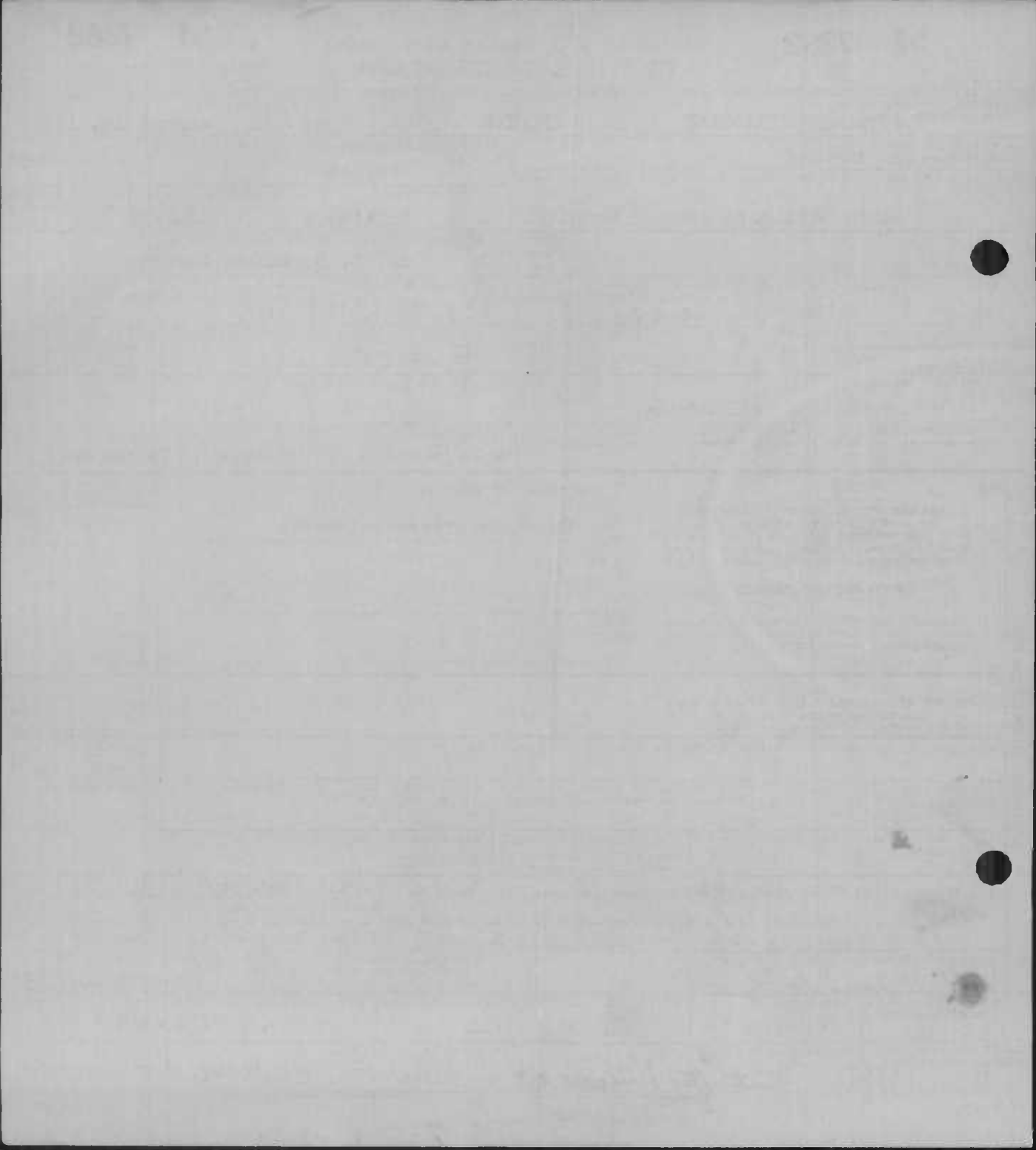
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William H. Williams</i>	23B. CHIEF MEDICAL EXAMINER M.D. <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	23C. DATE SIGNED August 20, 1951
--	---	--

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 8/1/51	24C. NAME OF CEMETERY OR CREMATORY CEDAR HILL	24D. LOCATION (City, town, or county) (State) RITCHIE HIGHWAY
--	----------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR AUG 21 1951	REGISTRAR'S SIGNATURE <i>William H. Williams</i>	25. FUNERAL DIRECTOR JOHN F. DENNY, INC.	ADDRESS 715 LIGHT ST
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51 7283

51 7283

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Bender

2. DATE

OF DEATH Aug. 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

4718 Eugene Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-01D. STREET ADDRESS (If rural, give location)
4718 Eugene Ave.

C. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

June 16, 1858

9. AGE (In years

last birthday)

93

If Under 1 Year Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL SECURITY NO.

NO

17. INFORMANT

ADDRESS

Louise McKnew 4718 Eugene Ave. 6

18. 592X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

Broncho Pneumonia

DUE TO

acute sepsis

ANTECEDENT CAUSES

(B)

Hypertension

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

Chronic Intestinal Neoplasm

INTERVAL BETWEEN ONSET AND DEATH

2d

14h

142.

142

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

X004

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1951, to August 20, 1951, that I last saw the deceased alive on August 20, 1951, and that death occurred at 11 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. G. A. Stowers

M. D.

23B. ADDRESS

2878 Harford M

23C. DATE SIGNED

8 20 51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

8/24/51

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county)

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

M. J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John T. Stansbury 2700 Edmondson Av

AUG 2 1 1951

VS 150

131a

MEDICAL CERTIFICATION

1883

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51 7284

BALTIMORE CITY HEALTH DEPARTMENT

51 7284

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore

4. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Arteriosclerotic Cardio-Vascular -
Renal disease

2 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Thrombophlebitis, left leg 1 week

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Aug, 1951, to 19 Aug, 1951, that I last saw the
deceased alive on 19 Aug, 1951, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Antonie van Leeuwenhoek - 1632-1723
Dutch Microscopist

Thomas Robert Malthus, 1766-1820

1766 - 21 July 1820

1766 - 21 July 1820

1766 - 21 July 1820
Thomas Robert Malthus

650 51 7285

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

51 7285

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Betty Virginia Graham

2. DATE
OF
DEATH

August 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1757 Homestead St.,

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1757 Homestead St.,

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 1, 1871

9. AGE (in years
last birthday)

80

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Anne Arundel Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Benson Yealdhall

14. MOTHER'S MAIDEN NAME

Mary Cromwell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Ada M. Miller, 1757 Homestead St.

18. 4 yrs 2 mos

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Chronic myocarditis
Age

1 mo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Infection of lungs

2 wks.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1951, to Aug 19, 1951, that I last saw the deceased alive on Aug 18, 1951, and that death occurred at 7:4 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Aug. 22, 1951

Loudon Park

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 21 1951

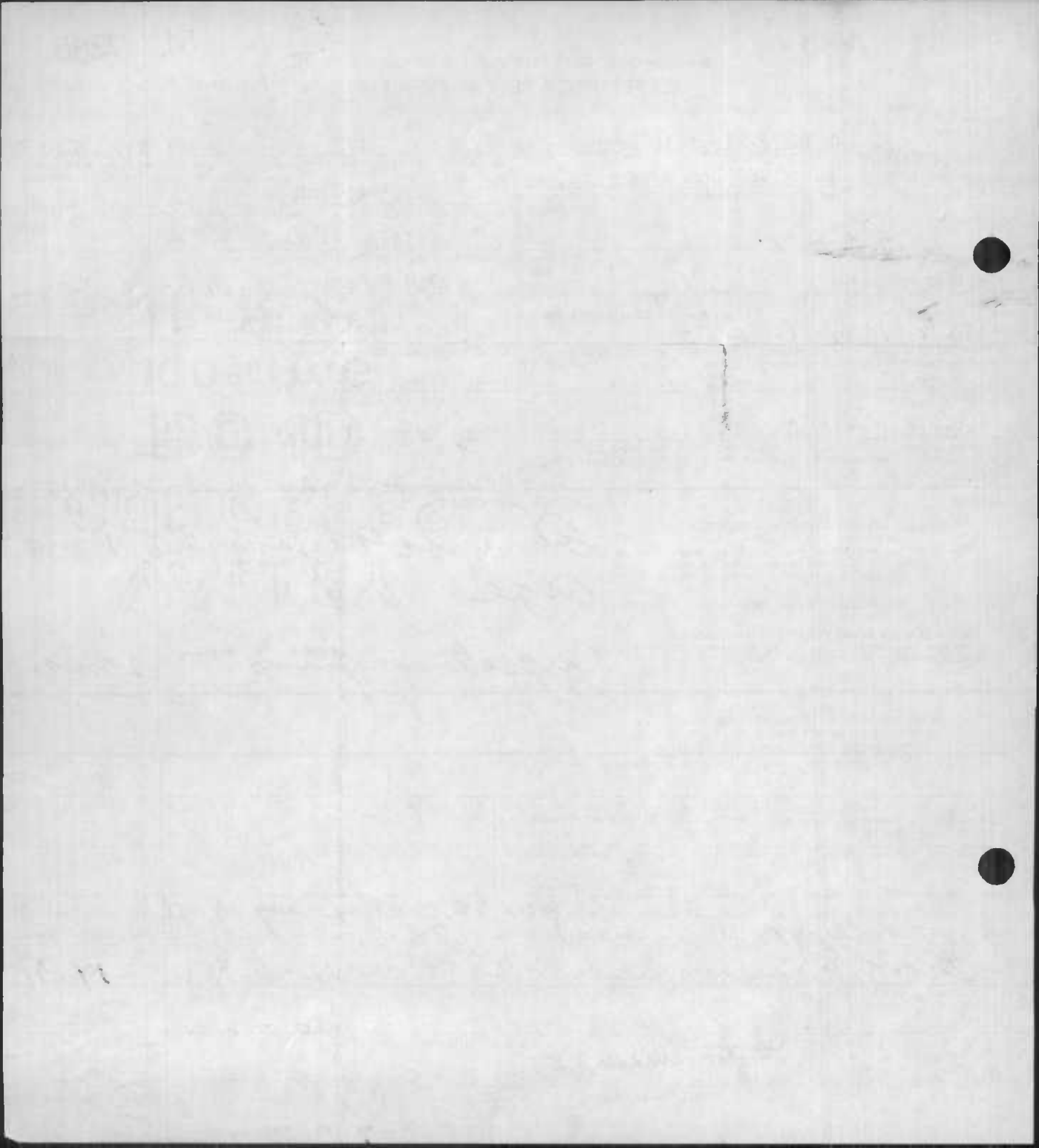
Ullrich Funeral Home 2008 Orleans St.

VS 150

1951 000 2222

937

MEDICAL CERTIFICATION



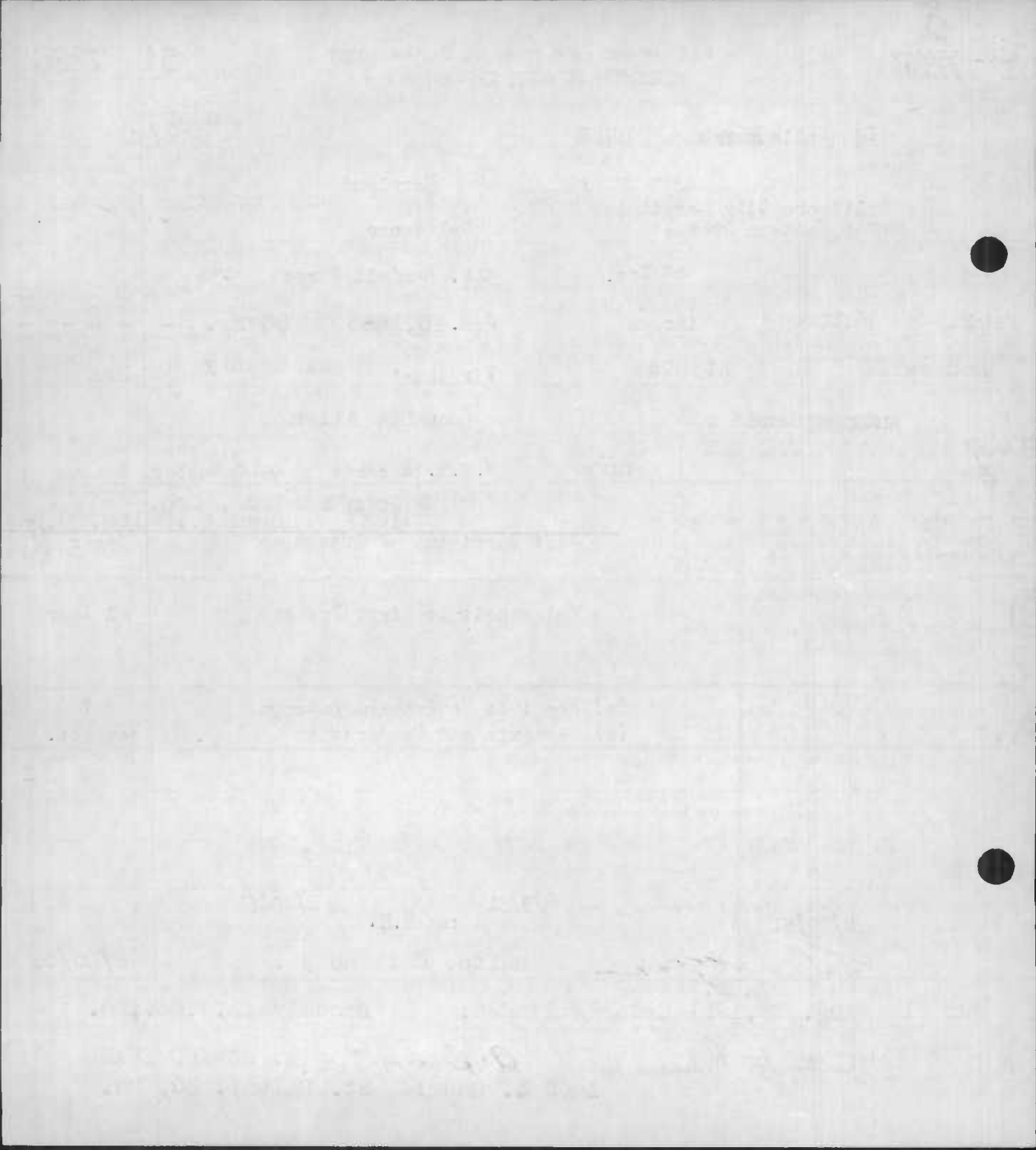
200
 B.C. - 150972
 51 7286

BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

Registered No. 51 7286

1. NAME OF DECEASED (Type or Print) Ida Belle Sanders HOUSE				2. DATE OF DEATH Monday 8/20/51			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore 48 Yrs.				D. STREET ADDRESS (If rural, give location) 3 E. Randall Street #30			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 15, 1885	9. AGE (In years last birthday) 66 yrs.	If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Virginia, Essex County		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Andrew Sanders				14. MOTHER'S MAIDEN NAME Louella Allen			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT ADDRESS B.C.H. Records 4940 Eastern Avenue			
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Left Carcinoma of Breast				INTERVAL BETWEEN ONSET AND DEATH 5 years			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Metastasis to Right Breast				1 Year			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (a) Possible Metastasis to Lungs (b) Cachexia and Dehydration				? Few Mos.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8/3/51 , 19__, to 8/20/51 , 19__, that I last saw the deceased alive on 8/20/51 , 19__, and that death occurred at 5:45 P.M. from the causes and on the date stated above.							
23A. SIGNATURE J. S. Cohen M.D.				23B. ADDRESS Balto. City Hosps.		23C. DATE SIGNED 8/20/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug. 23, 1951		24C. NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.		24D. LOCATION (City, town, or county) (State) Brooklyn, A.A.Co., Md.	
DATE RECEIVED BY LOCAL REGISTRAR AUG 21 1951		REGISTRAR'S SIGNATURE Wm. H. Williams, Jr.		25. FUNERAL DIRECTOR ADDRESS A. Howard Evans 1400 S. Charles St. Balto., 30, Md.			

MEDICAL CERTIFICATION



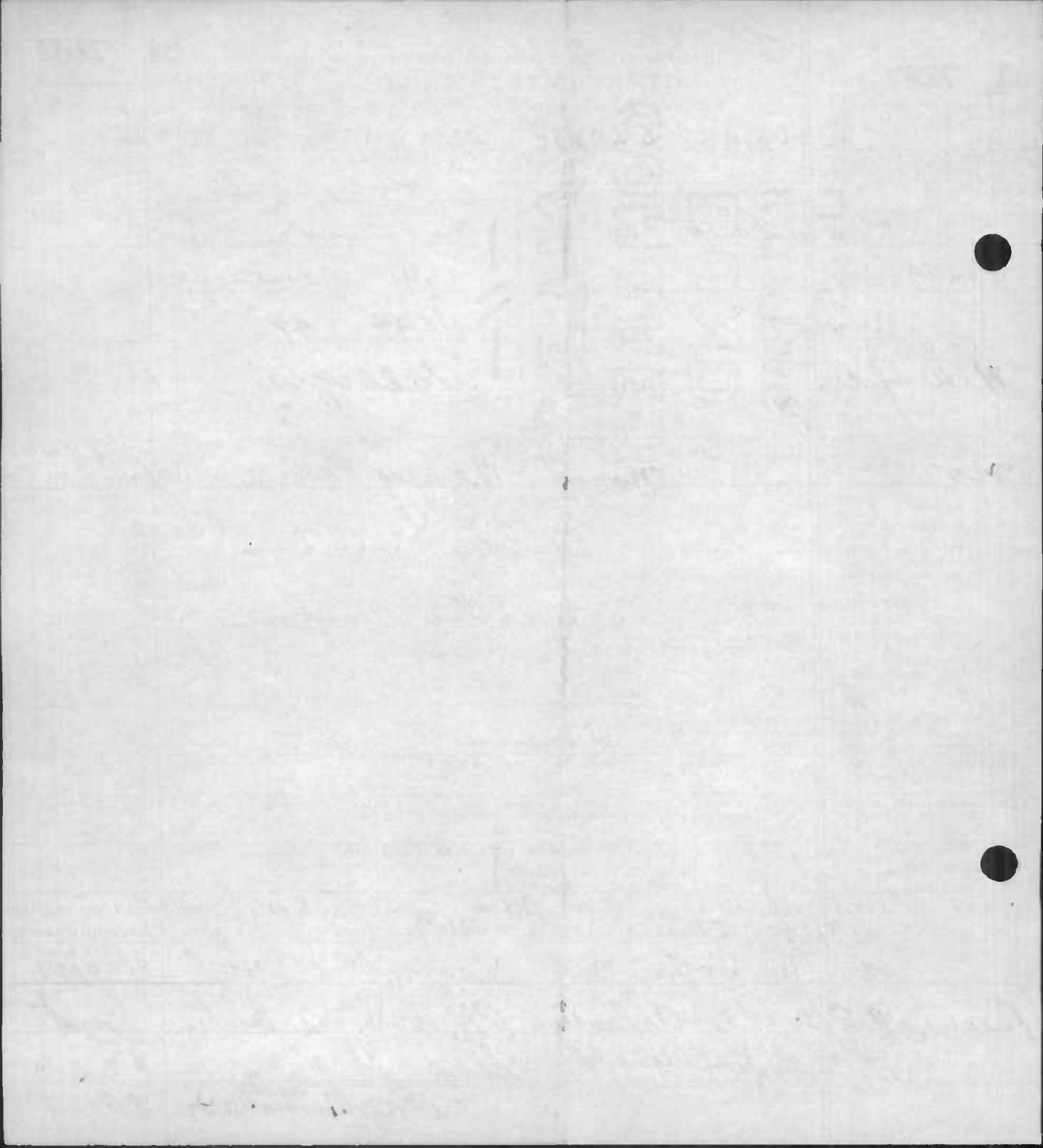
252
51 7287

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7287
Registered No.

1. NAME OF DECEASED (Type or Print) COUSINS, CARRIE SMITH		2. DATE OF DEATH 8/19/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Provident		C. CITY OR TOWN (If outside corporate limits, write R.I., E.I., and give township) Baltimore 15-01	
D. STREET ADDRESS (If rural, give location) 1341 Woodyear		5. SEX F	
6. COLOR OR RACE Negro		7. SINGLE, <u>MARRIED</u> , WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH 3/5/04		9. AGE (In years, last birthday) 47	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. W. wife		11. BIRTHPLACE (State or foreign country) Georgia	
10b. KIND OF BUSINESS OR INDUSTRY -		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. name	
17. INFORMANT Henry Cousins		ADDRESS 1341	
18. 760 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Diabetes Mellitus DUE TO Diabetic Acidosis DUE TO Uremia		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8/16 , 19 51 , to 8/19 , 19 51 that I last saw the deceased alive on 8/19 , 19 51 , and that death occurred at 10:40 A.M., from the causes and on the date stated above.			
23a. SIGNATURE John H. Holmes III M.D.		23b. ADDRESS Provident Hosp.	
23c. DATE SIGNED 8/20/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/22/51	
24c. NAME OF CEMETERY OR CREMATORY Arbutus Pk. Ave. Arbutus, Md.		24d. LOCATION (City, town, or county) (State) Arbutus, Md.	
25. FUNERAL DIRECTOR Geo. B. Nelson		ADDRESS 1303	
DATE RECEIVED BY LOCAL REGISTRAR AUG 21 1951		REGISTRAR'S SIGNATURE Wm. H. Williams, M.D.	
VS 150		510 Practitioner St 61	

MEDICAL CERTIFICATION



612
7288

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7288
Registered No.

BIRTH NO. 51-14535

1. NAME OF DECEASED (Type or Print) *Margaret Ellen*
MARGERY KREBS

2. DATE OF DEATH **August 19, 1951**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY **Baltimore**

8. FULL NAME OF HOSPITAL OR INSTITUTION
St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Catonsville

D. STREET ADDRESS (If rural, give location)
502 Forest Lane

5. SEX **Female**

6. COLOR OR RACE **White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
S.

9. AGE (In years, last birthday) **7 weeks**

10. UNDER 1 Year Months: Days: 11. UNDER 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
None

10B. KIND OF BUSINESS OR INDUSTRY
None

11. BIRTHPLACE (State or foreign country)
Ind

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
Gerard A. Krebs

14. MOTHER'S MAIDEN NAME
Jeannette Knecht

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT
Mr. Gerard A. Krebs

ADDRESS

1B. **492X**

CAUSE OF DEATH **502 Forest Lane**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Interstitial pneumonia**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE
William V. Lovitt

23B. CHIEF MEDICAL EXAMINER... ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR...
☒ ☐ ☐

23C. DATE SIGNED
August 20, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
Aug. 21/51

24C. NAME OF CEMETERY OR CREMATORY
Woodlawn

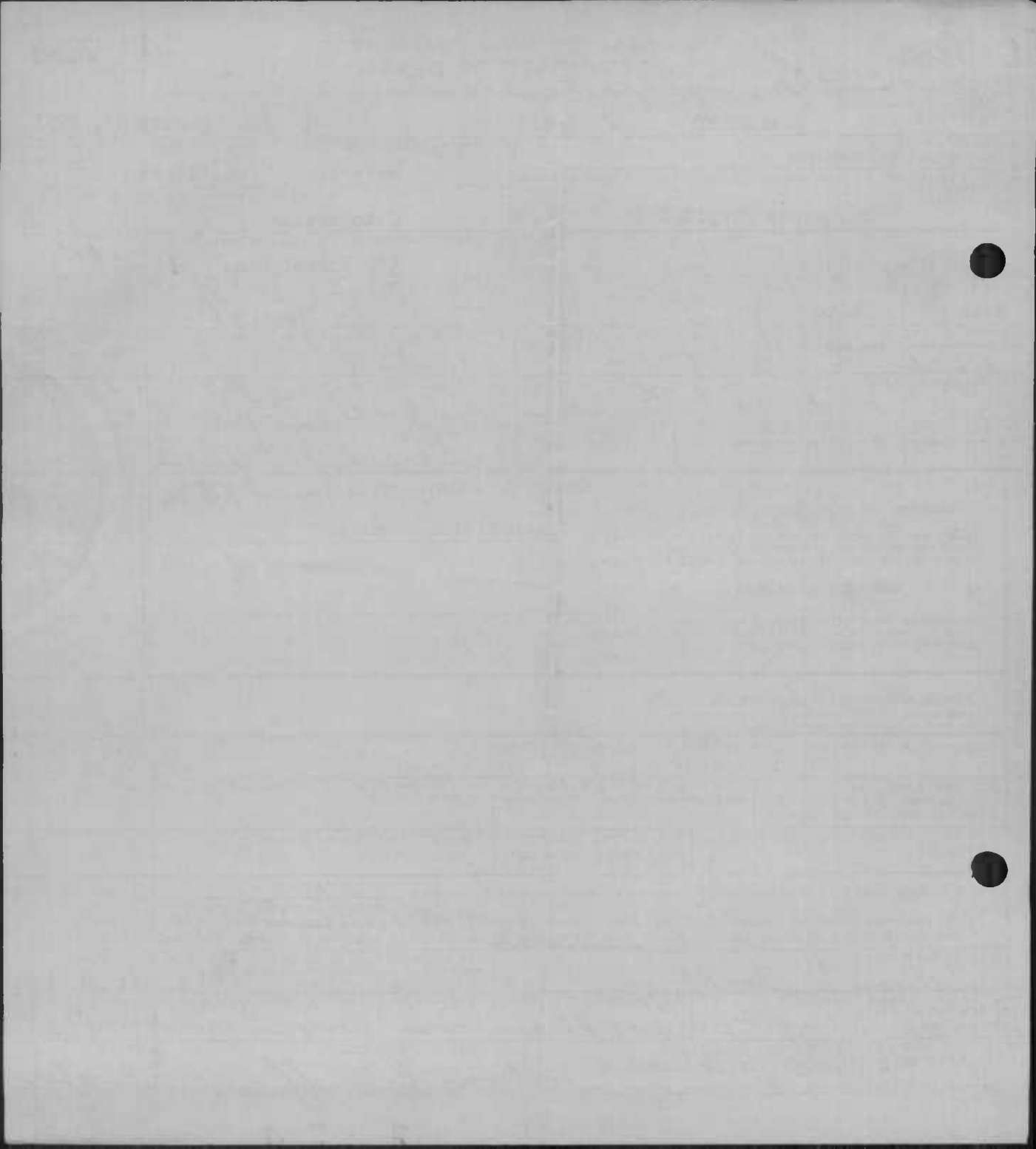
24D. LOCATION (City, town, or county) (State)
Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR
AUG 21 1951

REGISTRAR'S SIGNATURE
William V. Lovitt

25. FUNERAL DIRECTOR
Harry H. Wiffle

ADDRESS
4101 Edmondson



325

51 7289

BIRTH NO.

51-19064

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7289

Registered No.

1. NAME OF DECEASED (Type or Print) Hutchins, Baby Boy			2. DATE OF DEATH August 18, 1951		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY 26-44		
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE St. Joseph's Hospital			c. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			d. STREET ADDRESS (If rural, give location) 3114 E. Baltimore Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 17, 1951		9. AGE (In years last birthday) 2 Months 43 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)
13. FATHER'S NAME Paul H. Hutchins			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		

18. 76x.5 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		CAUSE OF DEATH (A) Atelectasis DUE TO (B) Prematurity DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
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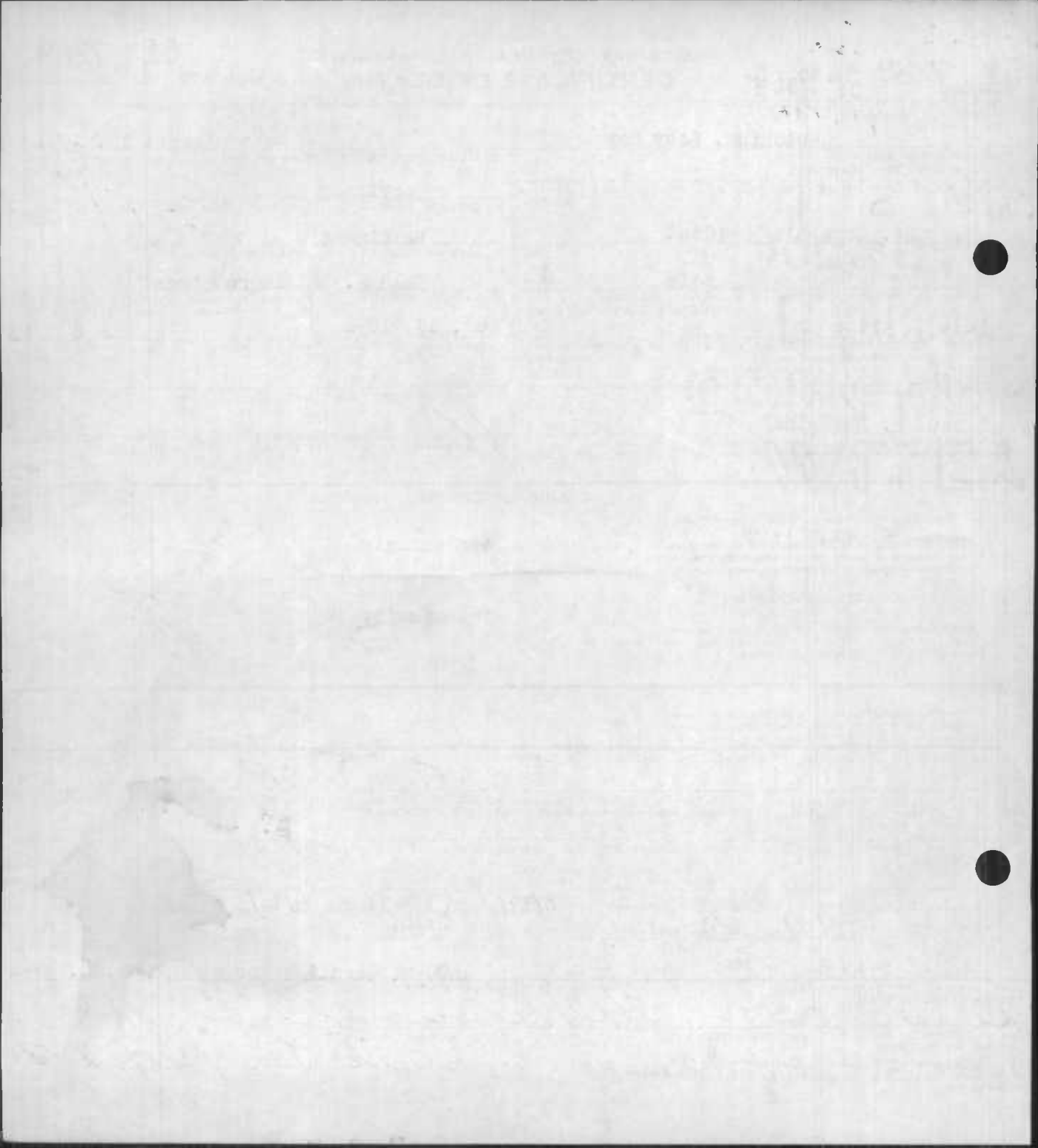
19a. DATE OF OPERATION 8/18/51		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/17/1951 to 8/18/1951 , that I last saw the deceased live on 8/18/1951 , and that death occurred at 2:18 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE Frank Becker, Jr.		23b. ADDRESS 1100 N. Caroline Street		23c. DATE SIGNED Aug. 18, 1951	

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremated		24b. DATE 8-21-51		24c. NAME OF CEMETERY OR CREMATORY Holy Redeemer		24d. LOCATION (City, town, or county) (State) Beth Md	
DATE RECEIVED BY LOCAL REGISTRAR AUG 21 1951		REGISTRAR'S SIGNATURE Wilmington Williams, M.D.		25. FUNERAL DIRECTOR L. J. Luck		ADDRESS 5305 Harford Rd	

VS 150

159

MEDICAL CERTIFICATION



432
51 7290
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7290

1. NAME OF DECEASED (Type or Print) <i>Dr. John T. Childs</i>			2. DATE OF DEATH <i>8/20/57</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>md.</i> b. COUNTY <i>15-06</i>		
b. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Mercy Hosp</i>			c. CITY OR TOWN (If outside corporate limits, write R.U.R. and give township) <i>Balto.</i>		
c. Length of stay in Baltimore			d. STREET ADDRESS (If rural, give location) <i>2835 W. North Ave.</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Nov. 27, 1885</i>	9. AGE (in years last birthday) <i>65</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>OPTOMETRIST</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>PROFESSIONAL</i>	11. BIRTHPLACE (State or foreign country) <i>md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>John T. Childs</i>		14. MOTHER'S MAIDEN NAME <i>Sophonia Jones</i>		<i>deceased</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>?</i>	17. INFORMANT ADDRESS <i>Mrs. Lillian M. Childs 2835 W. North Ave.</i>		

18. <i>578X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Esophagectomy - Esoph.</i> DUE TO <i>Blueching</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION <i>8/23/57</i>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *8/20*, 19*57*, to *8/20*, 19*57*, that I last saw the deceased alive on *8/20*, 19*57*, and that death occurred at *10:30 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>J. Kanner</i>	23b. ADDRESS <i>Mercy Hosp</i>	23c. DATE SIGNED <i>8/20/57</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24b. DATE <i>8/23/57</i>	24c. NAME OF CEMETERY OR CREMATORY <i>David Prosser Cem.</i>
24d. LOCATION (City, town, or county) (State) <i>Pikesville Md.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Wm. J. Tucker & Sons Inc. Balto Md.</i>

DATE RECEIVED BY LOCAL REGISTRAR
AUG 21 1957
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MEDICAL CERTIFICATION

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BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7291
Registered No.

1. NAME OF DECEASED (Type or Print) Steen Key-STEPHEN KEYS			2. DATE OF DEATH AUGUST 18, 1951		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MD. b. COUNTY Baltimore		
b. FULL NAME OF HOSPITAL OR INSTITUTION Univ. Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. Rural		
c. Length of stay in Baltimore 25 yrs.			d. STREET ADDRESS (If rural, give location) 509 Tompkins Court		
5. SEX M	6. COLOR OR RACE B	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH June 2, 1887		9. AGE (In years last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cotton Shrinker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) S. Carolina		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John Key			14. MOTHER'S MAIDEN NAME Martha		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Unknown		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia DUE TO ANTECEDENT CAUSES 2 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 3 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. old cardiac	CAUSE OF DEATH Uremia C.V.D. old cardiac	INTERVAL BETWEEN ONSET AND DEATH 36 hrs.
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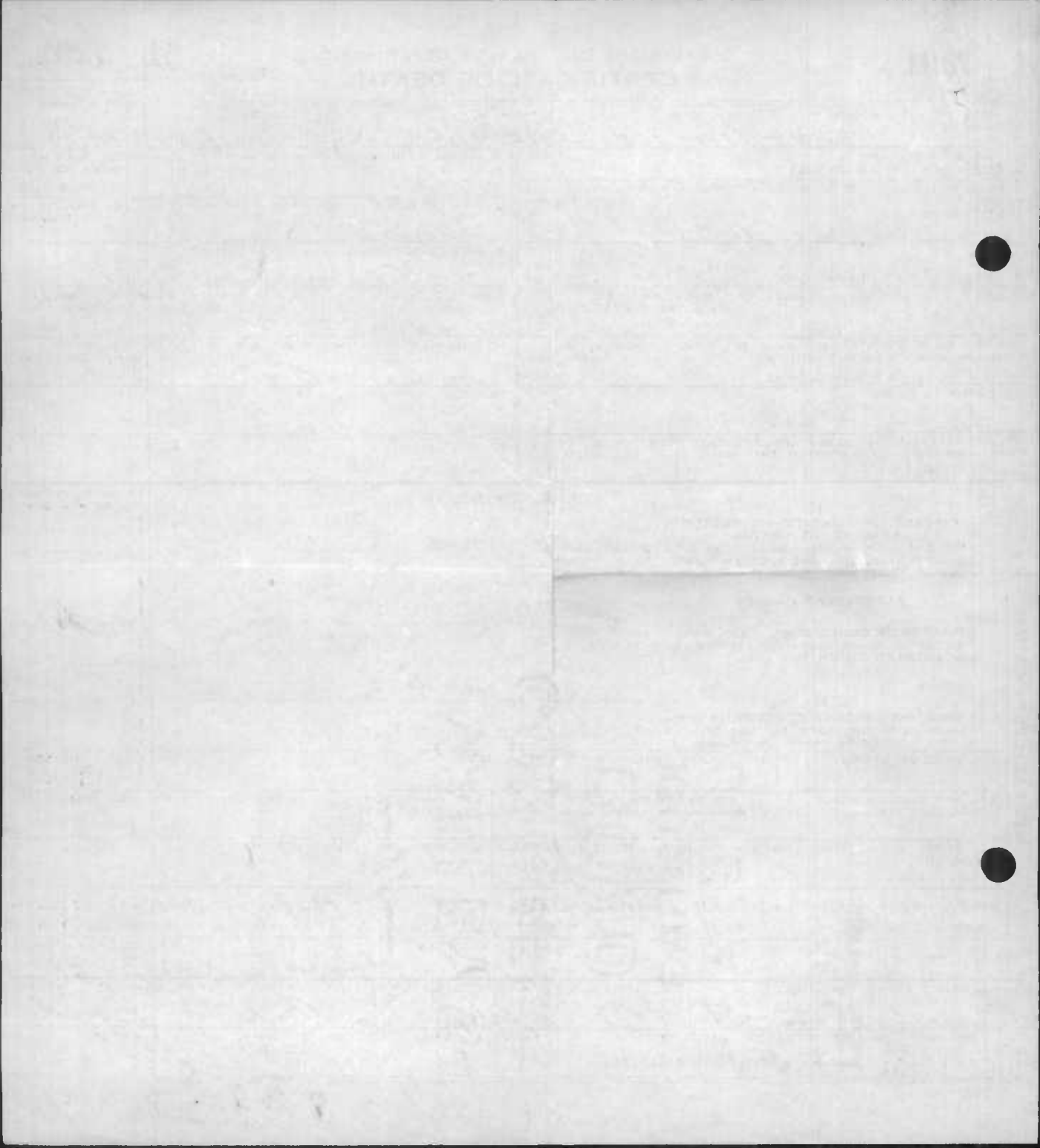
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **August 12, 1951**, to **August 16, 1951**; that I last saw the deceased alive on **Aug. 18, 1951**, and that death occurred at **2:30 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	23b. ADDRESS Univ. Hospital	23c. DATE SIGNED 8/18/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-22-51	24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem. P.A. Co	24d. LOCATION (City, town, or county) (State) Ind
DATE RECEIVED BY LOCAL REGISTRAR AUG 21 1951	REGISTRAR'S SIGNATURE Wilmington Williams, M.D.	25. FUNERAL DIRECTOR Rayner Sanders	ADDRESS 430

VS 150
1951 1/277 E. Preston St



623
01 7292BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7292

BIRTH NO.		2. DATE OF DEATH	
1. NAME OF DECEASED (Type or Print) <i>Gertrude Trodden</i>		2. DATE OF DEATH <i>Aug 17, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med. Cal 4</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>10-26</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1224 E. Madison St</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>12-12-89</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>61</i>
11. BIRTHPLACE (State or foreign country) <i>M. C.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Jerry Poole</i>		14. MOTHER'S MAIDEN NAME <i>Lucinda Woods</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	
18. 581.0 and 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Cirrhosis of the liver</i> DUE TO INTERVAL BETWEEN ONSET AND DEATH <i>6 years</i>			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Pulmonary tuberculosis</i>			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>7-24-</i> , 19 <i>51</i> , to <i>8-17-</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>8-17-</i> , 19 <i>51</i> , and that death occurred at <i>3:40</i> p. m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Thomas Franklin Williams, M. D.</i>		23B. ADDRESS JOHNS HOPKINS HOSPITAL	
23C. DATE SIGNED <i>Aug 18, 1951</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>8-21-51</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>St. Calvary Cem. A. A. Co</i>		24D. LOCATION (City, town, or county) (State) <i>Ind</i>	
DATE RECEIVED BY LOCAL REGISTRAR AUG 21 1951		REGISTRAR'S SIGNATURE <i>Thomas Franklin Williams, M. D.</i>	
25. FUNERAL DIRECTOR <i>Rayner Sanders</i>		ADDRESS <i>13 B</i>	
26. STREET ADDRESS <i>1412 E. Preston St</i>			

ENCLOSURE

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51 7293

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7293
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Talbott F. Ruby			2. DATE OF DEATH August 18, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2138 Druid Park Drive			C. CITY OR TOWN (If outside corporate limits, write R.U.R. and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 2138 Druid Park Drive		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 23, 1889	9. AGE (in years last birthday) 62	10. Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist			10B. KIND OF BUSINESS OR INDUSTRY Johns Hopkins University		
13. FATHER'S NAME Jonas Ruby			14. MOTHER'S MAIDEN NAME Katherine Webster		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. 705-03-5067		
17. INFORMANT Mrs. Edith I. Ruby			ADDRESS 2138 Druid Park Drive		

18. 154X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized carcinoma DUE TO CAUSE OF DEATH Cancer of the rectum DUE TO INTERVAL BETWEEN ONSET AND DEATH 2 years	19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
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19A. DATE OF OPERATION 1949	19B. MAJOR FINDINGS OF OPERATION Cancer of the rectum	20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from July 1951 , to 18 Aug 1951 , that I last saw the deceased alive on 17 Aug 1951 , and that death occurred at 10:50 P. m. , from the causes and on the date stated above.		
23A. SIGNATURE J. Douglas Lockard	23B. ADDRESS 802 Cathedral St.	23C. DATE SIGNED 21 Aug, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Aug. 22, 1951	24C. NAME OF CEMETERY OR CREMATORY Lorraine Park
DATE RECEIVED BY LOCAL REGISTRAR AUG 21 1951	REGISTRAR'S SIGNATURE Walter J. Williams	25. FUNERAL DIRECTOR ADDRESS Burgee Funeral Home 3631 Falls Road

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5448V Horace F. Burgee 46D

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 7294
Registered No. _____

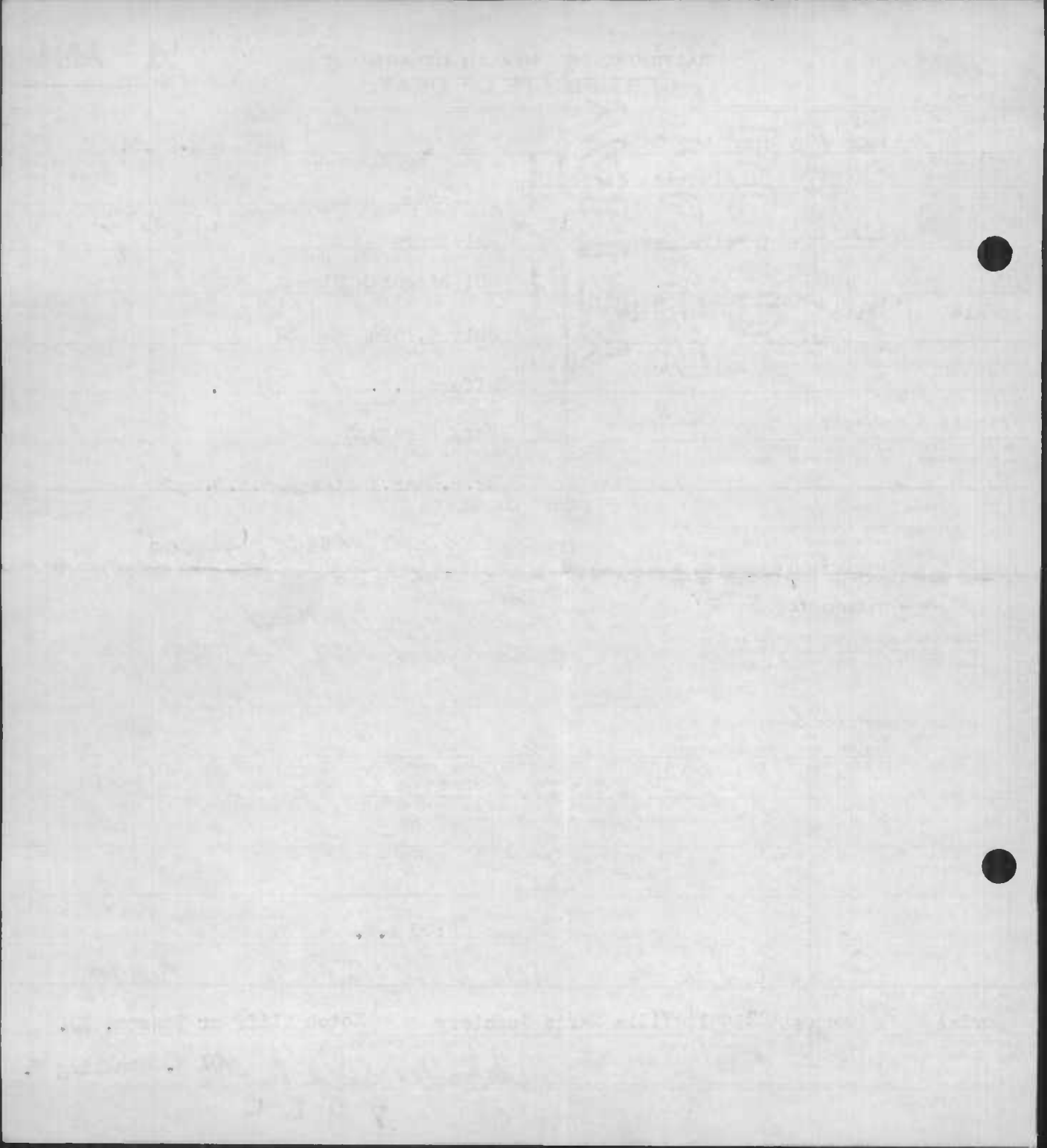
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Sister Mary Jeanette Leberer		2. DATE OF DEATH Aug. 20, 51	
3. PLACE OF DEATH: A. Baltimore City, Maryland 901 Aisquith Street		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Motherhouse of Notre Dame		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore	
c. Length of stay in Baltimore 8 Mos.		D. STREET ADDRESS (If rural, give location) 901 Aisquith Street	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 9, 1894
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10B. KIND OF BUSINESS OR INDUSTRY Religious	9. AGE (In years last birthday) 57
11. BIRTHPLACE (State or foreign country) Buffulo N.Y.		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME Francis X Leberer		14. MOTHER'S MAIDEN NAME Mary Birsbach	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Sr. M. Stan Kostka S.S.N.D.		ADDRESS _____	

MEDICAL CERTIFICATION

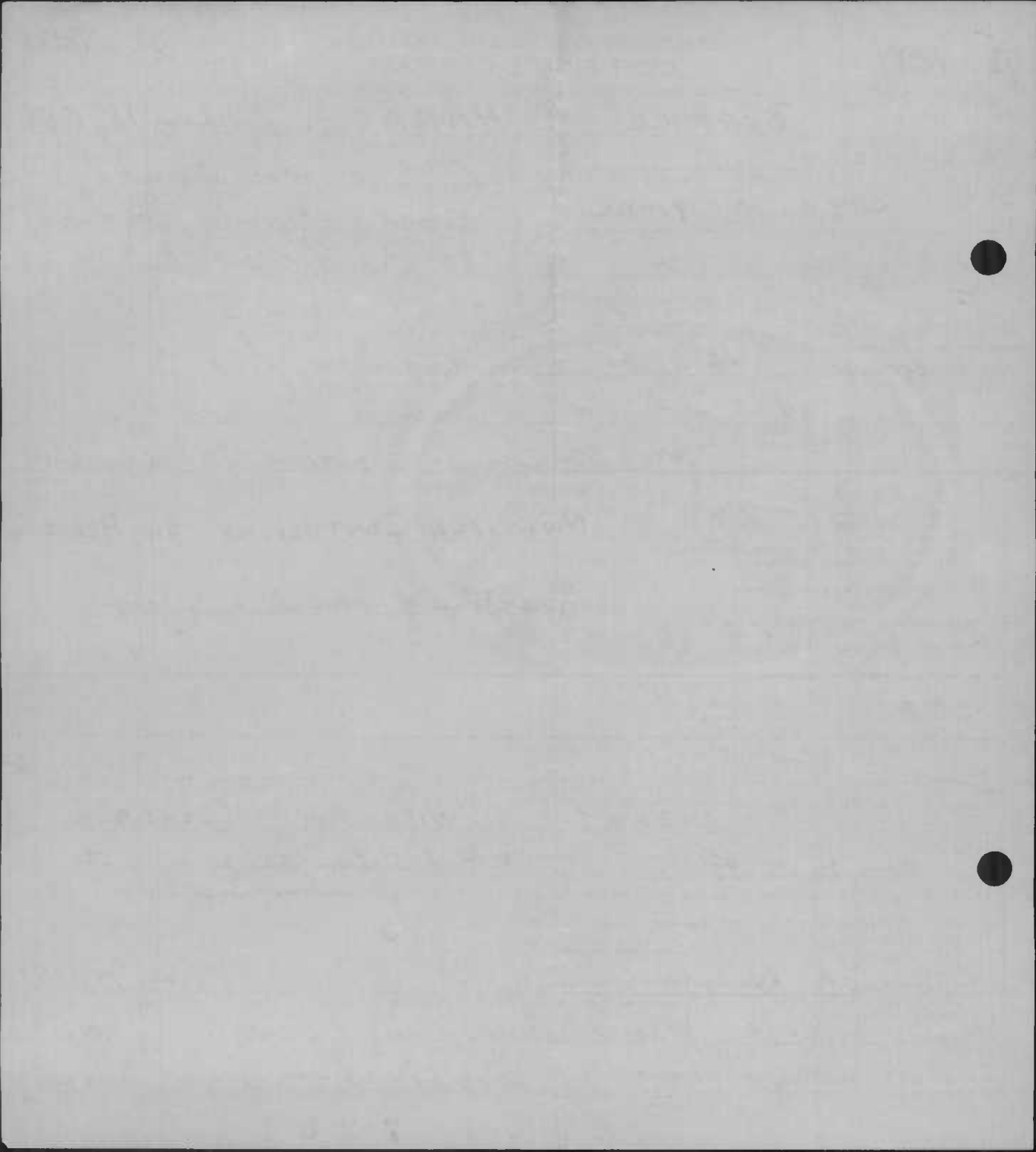
18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) General metastases carcinoma		CAUSE OF DEATH General metastases carcinoma		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Left breast - metastases cancer - mediastinum glands		(B) DUE TO metastases cancer - mediastinum glands		_____	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		(C) _____		_____	
19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION Removal Cancer breast		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:00 A.M. from the causes and on the date stated above.					
23A. SIGNATURE Francis J. Harty		23B. ADDRESS 110 E. 10th Ave		23C. DATE SIGNED Sept 6 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE August 23, 1951		24C. NAME OF CEMETERY OR CREMATORY Villa Maria Cemetery	
DATE RECEIVED BY LOCAL REGISTRAR AUG 21 1951		REGISTRAR'S SIGNATURE Wm. J. Williams, M.D.		25. FUNERAL DIRECTOR Charles S. Geiler	
VS 150		ADDRESS 901 S. Conkling St		_____	

09380 07000 50



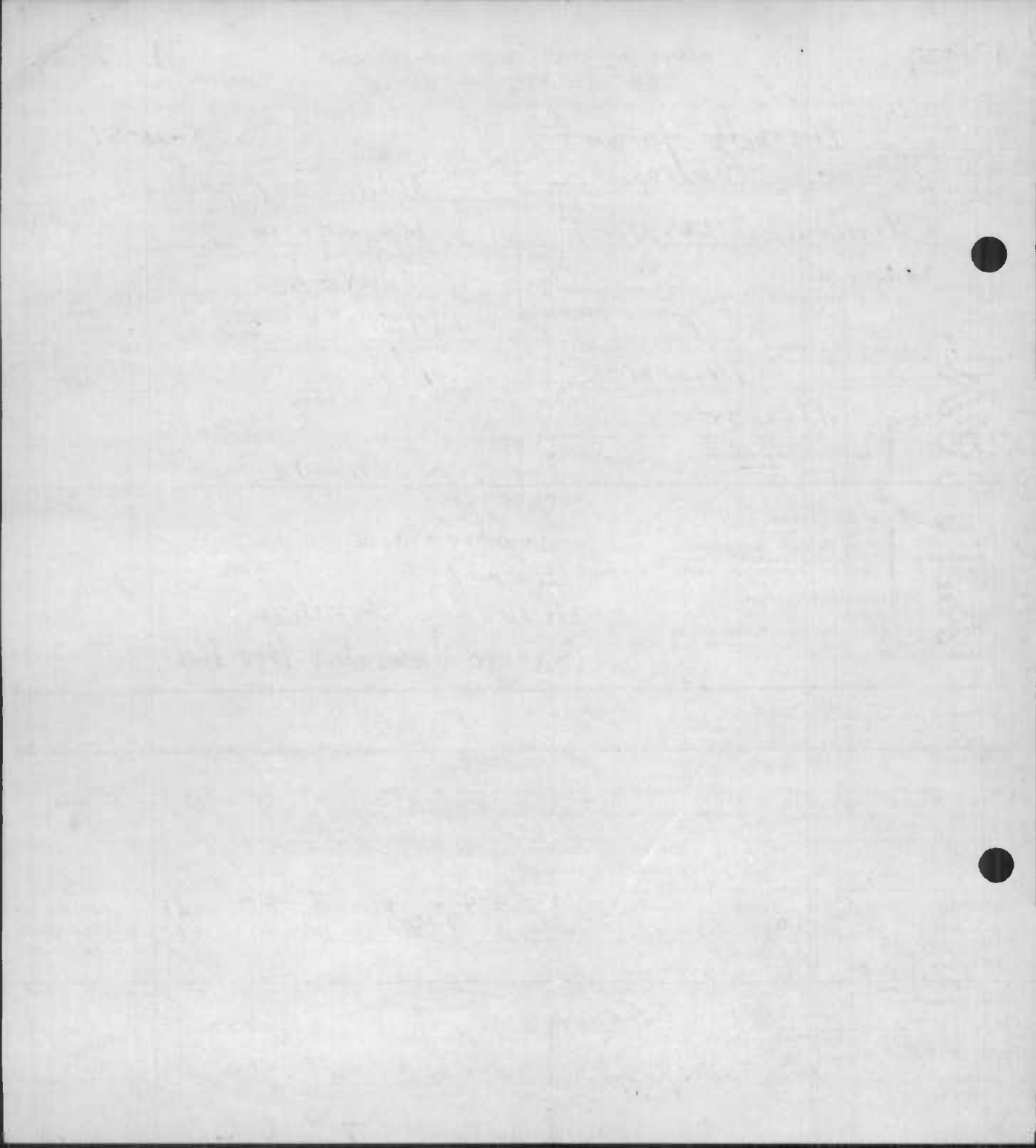
600
51 7295
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7295
Registered No.

1. NAME OF DECEASED (Type or Print)		BERNICE O'HARA		2. DATE OF DEATH Aug 18, 1951	
3. PLACE OF DEATH A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY Anne Arundel			
B. FULL NAME OF HOSPITAL OR INSTITUTION CITY HOSPITAL		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Rural, Arundel Gardens			
C. Length of stay in Baltimore 2 Yrs.		D. STREET ADDRESS (If rural, give location) 120 Meadow Ave, Arundel Gardens			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 3/16/08	9. AGE (in years, last birthday) 43	10. Under 1 Year Months: Days 11. Under 24 hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truckkeeper		10B. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (State or foreign country) Orangeburg, S.C.	
13. FATHER'S NAME William D. Adams		12. CITIZEN OF WHAT COUNTRY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 293-18-8774		17. INFORMANT Louise Donovan, 120 Meadow Ave	
18. E812.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) MULTIPLE CONTUSIONS AND ABRASIONS		INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Fracture of Skull and Jaw		DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) STREET		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) WISE AVE, DUNDALK 5300	
21D. TIME (Month) (Day) (Year) (Hour) Aug 16, 1951 4:25 PM		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by auto	
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> and <u>Inspection</u> hereon and from the evidence obtained by said <u>Autopsy</u> , <u>Inspection</u> or <u>Inquiry</u> , find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>					
23A. SIGNATURE Stanley K. Dunbar		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED Aug 19, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/21/51		24C. NAME OF CEMETERY OR CREMATORY Meadow Ridge Mem. Park	
24D. LOCATION (City, town, or county) Md.		24E. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		24F. FUNERAL DIRECTOR Stanley J. Lyons, 4001 Ritchie Hwy.	



635
7296BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7296
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Elizabeth Gardner</i>		2. DATE OF DEATH <i>8-20-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto.</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Princetown</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>PASADENA</i>			
C. Length of stay in Baltimore <i>32</i>		D. STREET ADDRESS (If rural, give location) <i>RURAL</i> <i>5200</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>1895</i>	9. AGE (In years last birthday) <i>56</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>		11. BIRTHPLACE (State or foreign country) <i>NY</i>	
13. FATHER'S NAME <i>Geo. Minor</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>?</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Husband.</i> ADDRESS	
18. <i>260X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		CAUSE OF DEATH (A) <i>Septicemia</i> DUE TO <i>E. coli</i> (B) <i>Diabetes Mellitus</i> DUE TO <i>Cerebro Vascular Accident</i> (C)		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <i>8-20-51</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8-4-1951</i> to <i>8-20-1951</i> that I last saw the deceased alive on <i>8-20-1951</i> and that death occurred at <i>9:20 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Chas. Watson</i> M. D.		23B. ADDRESS		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>8/23/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Glen Haven</i>	
24D. LOCATION (City, town, or county) (State) <i>A. A. Co. Md.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 21 1951</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>	
24G. FUNERAL DIRECTOR <i>Wm Cook Inc.</i>		24H. ADDRESS <i>1217 St. Paul St.</i>		24I. DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 21 1951</i>	



263
51 7297

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7297

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Eleanor Mc Cardell		2. DATE OF DEATH 8/20/51	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY			
b. FULL NAME OF (If not in hospital or institution, give street address or location) Mercy Hospital Inc		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) 2101 St. Paul St			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH Feb. 1, 1874	9. AGE (In years last birthday) 77	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James A. Dooley		14. MOTHER'S MAIDEN NAME Ellen Kerwick			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Neill Mc Cardell - City Hall	
18. 434.21 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Congestive Heart Failure		CAUSE OF DEATH (A) Congestive Heart Failure DUE TO (B) Cardiac Asthma DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH ?	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Diabetes Mellitus			
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/19/51 to 8/20/51 , that I last saw the deceased alive on 8/20/51 , and that death occurred at 9:11 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE Edward M. Leple		23b. ADDRESS Mercy Hospital		23c. DATE SIGNED 8/20/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/29/51		24c. NAME OF CEMETERY OR CREMATORY Cathedral	
24d. LOCATION (City, town, or county) (State) Balto. Md.					
DATE RECEIVED BY LOCAL REGISTRAR AUG 21 1951		REGISTRAR'S SIGNATURE Wilmington Williams, Jr.		25. FUNERAL DIRECTOR ADDRESS Wm. Cook & Co. 1217 St. Paul St.	

VS 150

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MEDICAL CERTIFICATION

Examiner in Charge

1/20/51

1/20/51

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1/20/51

624

51 7298 50.12994

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7298

1. NAME OF DECEASED (Type or Print) <u>Dallas Horsley</u>		2. DATE OF DEATH <u>Aug. 21, 1951</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>7-05</u>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Maryland General Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
c. Length of stay in Baltimore <u>Life</u>		D. STREET ADDRESS (If rural, give location) <u>1632 THAMES ST.</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>JUNE 24, 1950</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) <u>13</u> Months: <u>27</u> Days: <u>27</u>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>	
13. FATHER'S NAME <u>Martin Horsley</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		14. MOTHER'S MAIDEN NAME <u>FLORINE MILLER</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <u>SAME AS ABOVE</u>	

18. <u>493X</u>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <u>6 days.</u>	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <u>PNEUMONIA</u>			
DUE TO					
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Aug 20, 1951, to Aug 21, 1951, that I last saw the deceased alive on Aug 21, 1951, and that death occurred at 5:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE J. E. Bryant M.D. M.D. Md. Gen'l Hospital 23C. DATE SIGNED Aug. 21, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>cremated</u>	24B. DATE <u>8/21/51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>LEWIS CO KY</u>	24D. LOCATION (City, town, or county) (State) <u>LEWIS COUNTY, KY</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>AUG 21 1951</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR (Address) <u>1217 St Paul St</u>	

VS 150

1951 0 0 7 2 8 4 109 B2

MEDICAL CERTIFICATION

MSC. 10

TABLE OF CONTENTS

51 7299

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7299

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM

LESTER

RICE

2. DATE
OF
DEATH

August 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

12-05

D. STREET ADDRESS (If rural, give location)

419 E. Federal Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Feb 7, 1910

9. AGE (In years last birthday) Months Days Hours Min.

41

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

unemployed laborer

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

William Rich

11. BIRTHPLACE (State or foreign country)

Brunswick Co Va

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Minnie Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Harry Rice

18. 377.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute alcoholism

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. V. V.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

August 20, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Aug 23/51

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial

24D. LOCATION (City, town, or county) (State)

Arbutus Md. ✓

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William V. V. V.

25. FUNERAL DIRECTOR

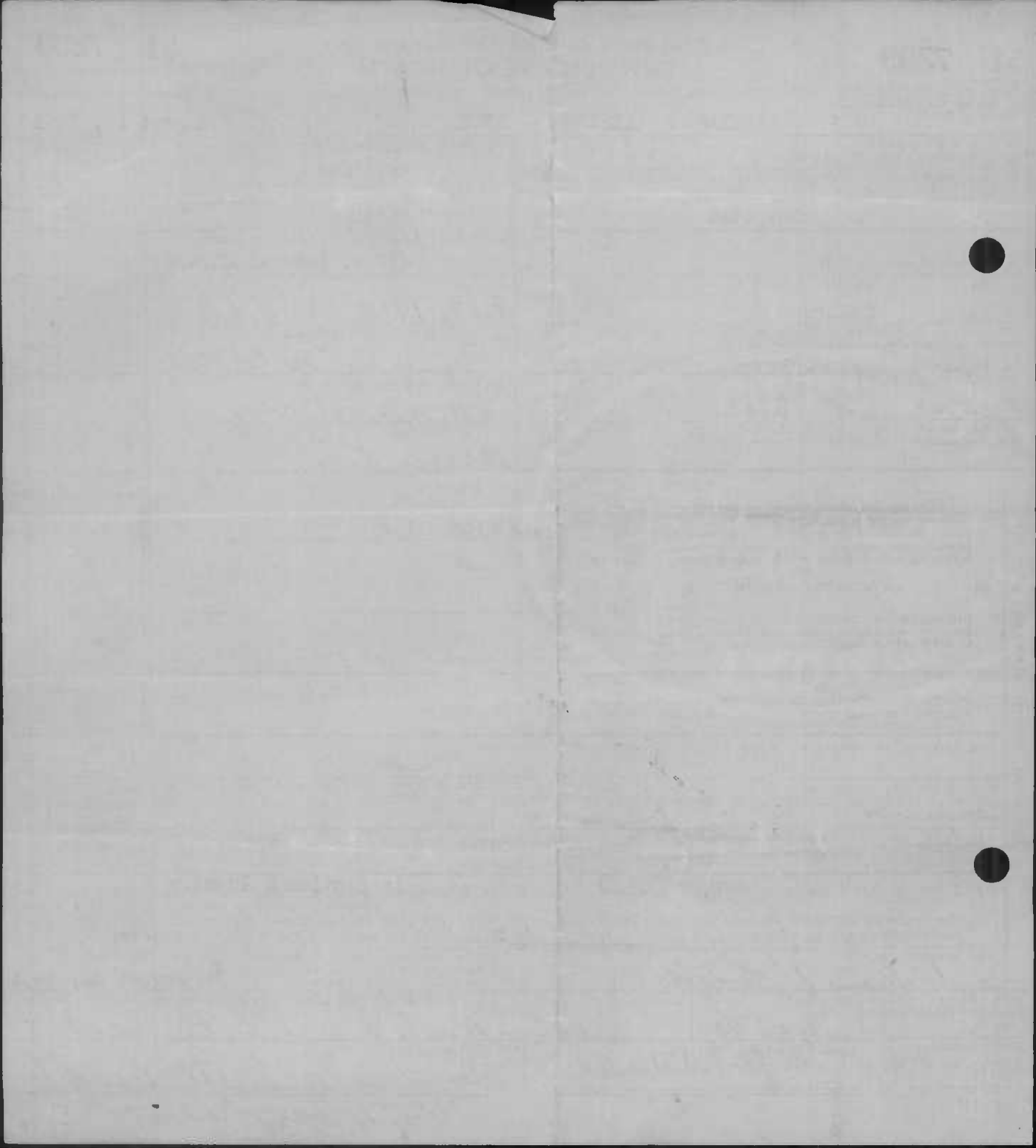
Mrs. Robert G. Ellert & Daughter

ADDRESS

11297 B. Caroline St. 77C

V.S. 151 AUG 21 1951

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 7300**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FRANKLIN P. Busch Sr.			2. DATE OF DEATH 8/20/51		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore		
b. FULL NAME OF (If not in hospital or institution, give street address or location) Maryland General Hosp.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-01		
c. Length of stay in Baltimore Life			d. STREET ADDRESS (If rural, give location) 635 Cator Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 20, 1875		9. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber - retired		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Abraham Busch			14. MOTHER'S MAIDEN NAME Alice Pyggin		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Pt.		

MEDICAL CERTIFICATION

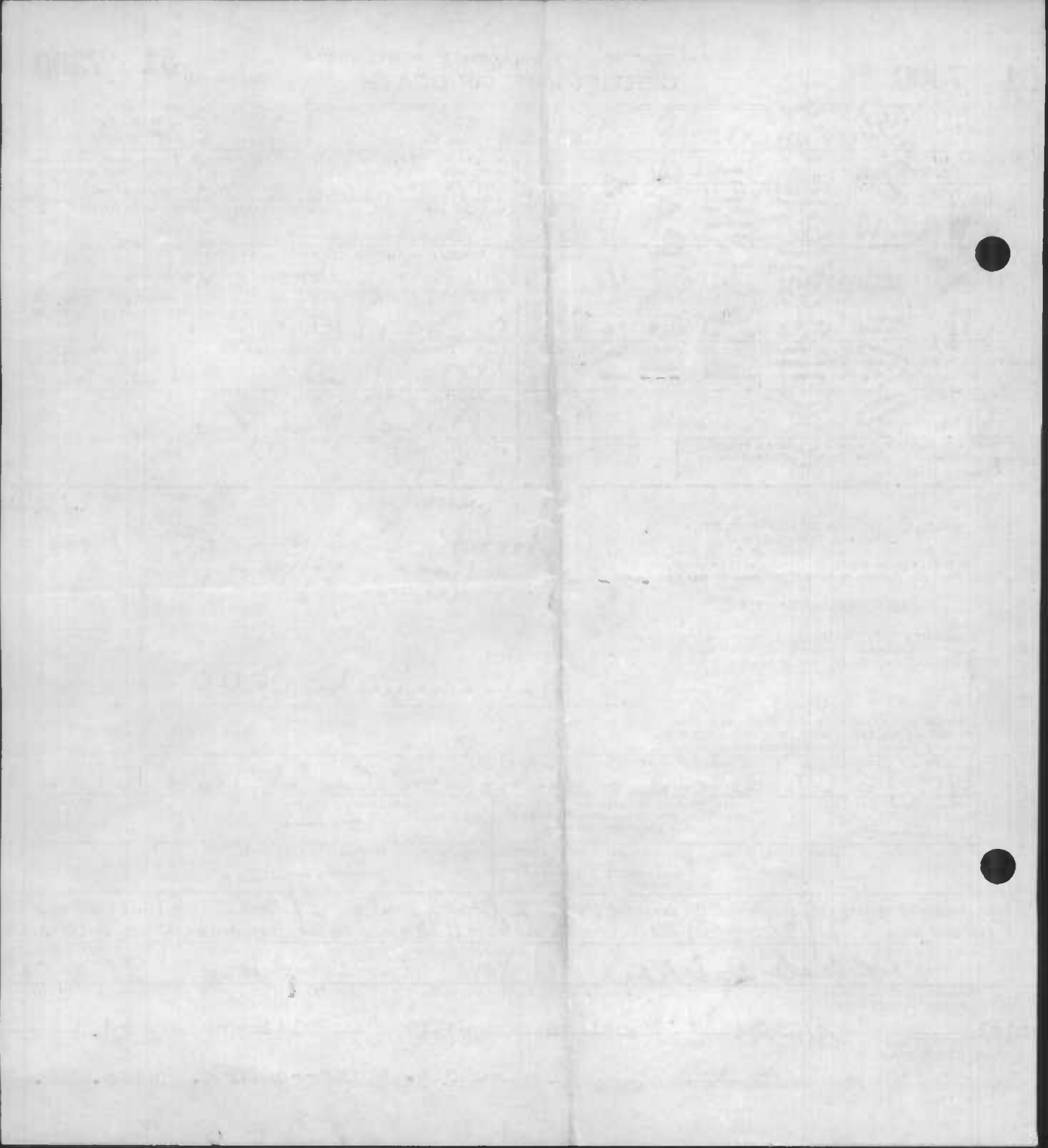
<p>18. 156.2 I</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p align="center">CAUSE OF DEATH</p> <p>(A) Metastatic Carcinoma of the liver - primary undetermined</p> <p>(B)</p> <p>(C) Arteriosclerotic CVD</p>	<p>INTERVAL BETWEEN ONSET AND DEATH 1 year</p>
---	--	--

19a. DATE OF OPERATION 8/13/51		19b. MAJOR FINDINGS OF OPERATION Extensive metastatic Ca of liver		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7/20, 1951 , to 8/20, 1951 that I last saw the deceased alive on 8/20, 1951 and that death occurred at 11:45 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE Calvin Bakhaus M.O.		23b. ADDRESS Md. Gen. Hosp		23c. DATE SIGNED 8/20/51	

24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 8/23/51		24c. NAME OF CEMETERY OR CREMATORY Moreland Memorial		24d. LOCATION (City, town, or county) (State) Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR Aug 21 1951		REGISTRAR'S SIGNATURE Wm. H. Williams		25. FUNERAL DIRECTOR John A. Moran--3000 E. Balto. St.		ADDRESS	

VS 150

9510207286 55E



300 51 7301

51 7301

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Frank J. White

2. DATE
OF
DEATH

8-21-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

319 S. Washington Street

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Md. B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto., Md. 2-01

D. STREET ADDRESS (If rural, give location)

319 S. Washington Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9-3-95

9. AGE (In years
last birthday)

55

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Assemblyman

10B. KIND OF BUSINESS OR
INDUSTRY

General Motors

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Matthew White

14. MOTHER'S MAIDEN NAME

Victoria Dembeck

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Virginia White 319 S. Washington Street18. 420.1 151X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATH

One hour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

Chronic Heart Disease

2 years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Gastric Carcinoma

6 mos.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUG. 21, 1951, to AUG. 21, 1951, that I last saw the
deceased alive on AUG. 21, 1951, and that death occurred at 4. m., from the causes and on the date stated above.

23A. SIGNATURE

Harry Linden

23B. ADDRESS

M. D.

14 S. Broadway

23C. DATE SIGNED
Aug. 21, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

9-23-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

AUG 21 1951

REGISTRAR'S SIGNATURE

Washington Williams, M.D.

25. FUNERAL DIRECTOR

Jelly & J. de

ADDRESS

403 S. Wolfe Street

VS 150

699 33 / 6 7 2 0 7

46B

MEDICAL CERTIFICATION

Dr Lunden
14 Broadway.

CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 51 7302

560
1 7302

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CHARLES EDWARD HAMMER		2. DATE OF DEATH August 21, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Prince George	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brentwood	
C. Length of stay in Baltimore 2 wks.		D. STREET ADDRESS (If rural, give location) 3823 37th Place	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 67
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10B. KIND OF BUSINESS OR INDUSTRY Ownself	
11. BIRTHPLACE (State or foreign country) Washington, D.C.		12. CITIZEN OF WHAT COUNTRY	
13. FATHER'S NAME William Hammer		14. MOTHER'S MAIDEN NAME Mary A. Richter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 218-07-3087	
17. INFORMANT		ADDRESS Josephine C. Hammer-3823-37 Place-Brentwood	

18. E903.7 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Bilateral subdural hematomata with membrane formation		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. (A) Due to (B) Due to (C) Due to		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hospital	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Spring Grove State Hospital 5300
21D. TIME (Month) (Day) (Year) (Hour) July 15, 1951	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Tripped, fell and struck head
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>		

23A. SIGNATURE Stanley H. Dineen, M.D.	23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>	23C. DATE SIGNED August 21, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 8-24-51	24C. NAME OF CEMETERY OR CREMATORY Congressional
DATE RECEIVED BY LOCAL REGISTRAR AUG 21 1951	REGISTRAR'S SIGNATURE Wm. J. Williams, M.D.	24D. LOCATION (City, town, or county) Washington D.C.
25. FUNERAL DIRECTOR Francis Gasch-Sons Hyattsville Md.		ADDRESS

5057 10

622

HC- 151348

51 7303

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7303

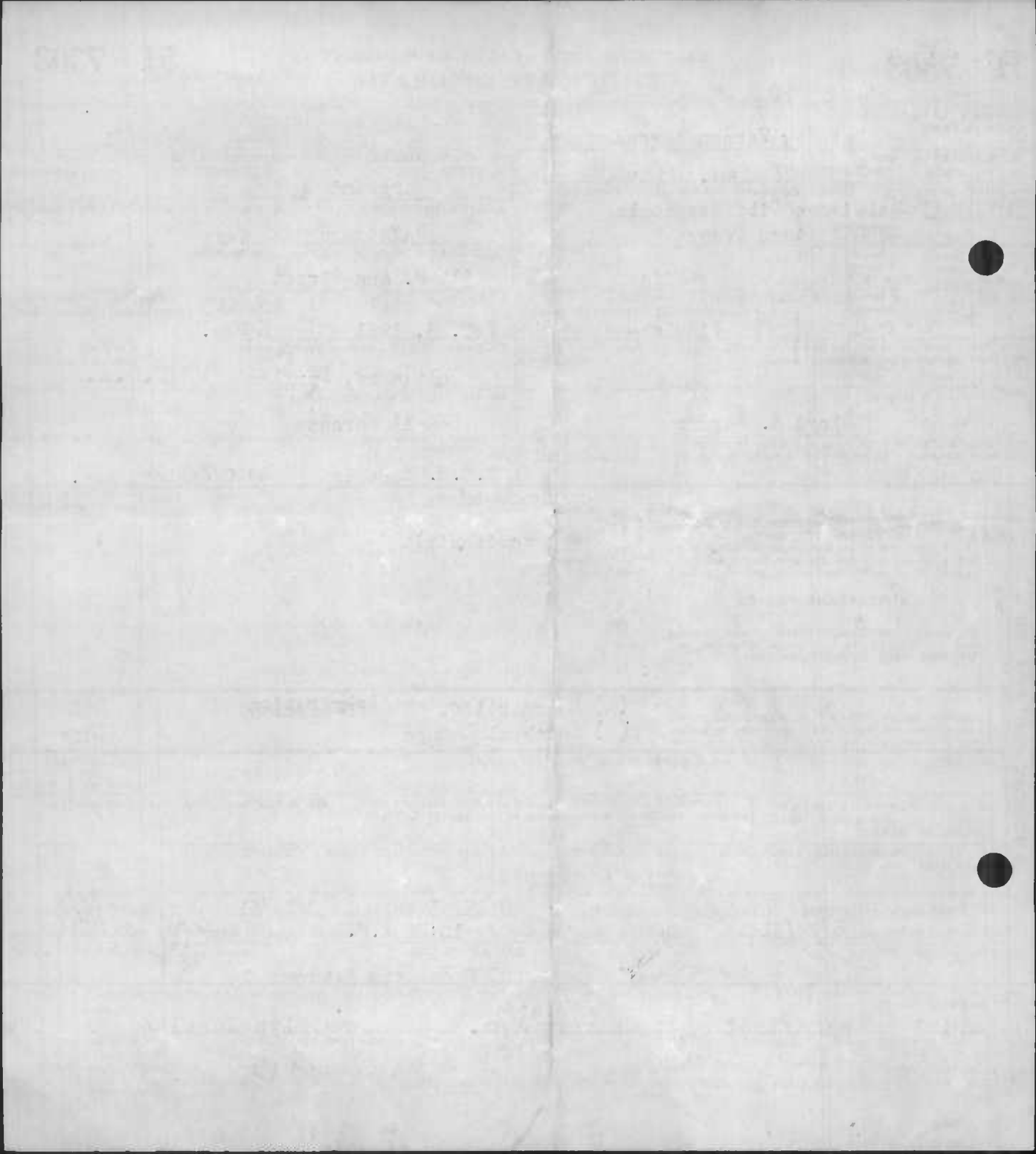
BIRTH NO. 51-02703		1. NAME OF DECEASED (Type or Print) Matthew Vernon Marcus		2. DATE OF DEATH 8/19/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 310 N. Ann Street			
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 3, 1951	9. AGE (In years last birthday) 6 Mos.	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Lloyd E. Marcus		14. MOTHER'S MAIDEN NAME Rodell Marcus	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT B.C.H. Records	
				ADDRESS 4940 Eastern Ave.	

18. 576X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Peritonitis (A) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH ?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (A) Malnutrition and Dehydration (B) Cerebral Damage		Life Life

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/15/51, 19__, to 8/19/51, 19__, that I last saw the deceased alive on 8/19/51, 19__, and that death occurred at 10:20 A.M. from the causes and on the date stated above.					
23A. SIGNATURE H. Cohen		23B. ADDRESS M. D. 4940 Eastern Avenue		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/22/1951		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
24D. LOCATION (City, town, or county) Brooklyn Maryland		24E. FUNERAL DIRECTOR Chrys. Wilson		24F. ADDRESS 1000 Brantly Ave	
DATE RECEIVED BY LOCAL REGISTRAR AUG 21 1951		REGISTRAR'S SIGNATURE Thurston Williams, M.D.		VS 150	

MEDICAL CERTIFICATION

51 000 7282 161 B



CERTIFICATE CORRECTED 12-13-51

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

51 7304

300
31 7304
ND-151129
BIRTH NO. 51-17869

1. NAME OF DECEASED (Type or Print) Baby Girl Way (Gladys)		2. DATE OF DEATH 8-8-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospital INSTITUTION 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 249 St. Helena Ave. (22)		5300	
E. Length of stay in Baltimore Life		Yrs. Mos. Days	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 8, 1951
9. AGE (In years last birthday)		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME James Way		14. MOTHER'S MAIDEN NAME Gladys Pitts	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospitals		ADDRESS 4940 Eastern Avenue	

18. 776X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity DUE TO Life		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-8 , 19 51 , to 8-8 , 19 51 that I last saw the deceased alive on 8-8 , 19 51 and that death occurred at 2 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE P.S. Logan		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 8-9-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 8-10-51		24C. NAME OF CEMETERY OR CREMATORY B.C.H. Crematory	
24D. LOCATION (City, town, or county) 4940 Eastern Avenue		(State)			
DATE RECEIVED BY LOCAL REGISTRAR AUG 21 1951		REGISTRAR'S SIGNATURE Wm. J. Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS	

12-11-51

Mr. J. Edgar Hoover

Director, Federal Bureau of Investigation

Washington, D. C.

Dear Mr. Hoover:

I am writing to you regarding the

matter of the

recently received information

concerning the

activities of the

organization in the

past few months.

I am sure that you will find this

information of interest.

I am, very respectfully,

Yours truly,

W. A. Rorer

Special Agent in Charge

San Francisco Office

Enclosed for you are

three copies of the

report of the

San Francisco Office

dated December 11, 1951.

I am, very respectfully,

Very truly yours,

W

<div style="display: flex; justify-content: space-between;"> 536 51 7305 ND-149741 BIRTH NO. 51-14353 </div>		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 51 7305	
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
Baby Girl Paula Saunders (Marjorie)			8-7-51		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue			a. STATE Maryland b. COUNTY 5-01		
c. Length of stay in Baltimore Life			d. STREET ADDRESS (If rural, give location) 602 N. Eden St. (5)		
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 25, 1951		9. AGE (In years last birthday) 1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Edward Gray			14. MOTHER'S MAIDEN NAME Marjorie Saunders		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Congenital Heart Disease DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 42 Days					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-25, 1951, to 8-7, 1951, that I last saw the deceased alive on 8-7, 1951, and that death occurred at 7:15 p. m., from the causes and on the date stated above.					
23A. SIGNATURE J.S. Hogan		23B. ADDRESS M. D. 4940 Eastern Avenue		23C. DATE SIGNED 8-9-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 8-10-51		24C. NAME OF CEMETERY OR CREMATORY B.C.H. Crematory	
24D. LOCATION (City, town, or county) 4940 Eastern Avenue		24E. LOCATION (City, town, or county) (State)			
DATE RECEIVED BY LOCAL REGISTRAR AUG 21 1951		REGISTRAR'S SIGNATURE Lester Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS	

11

235
51 7306 51-17381

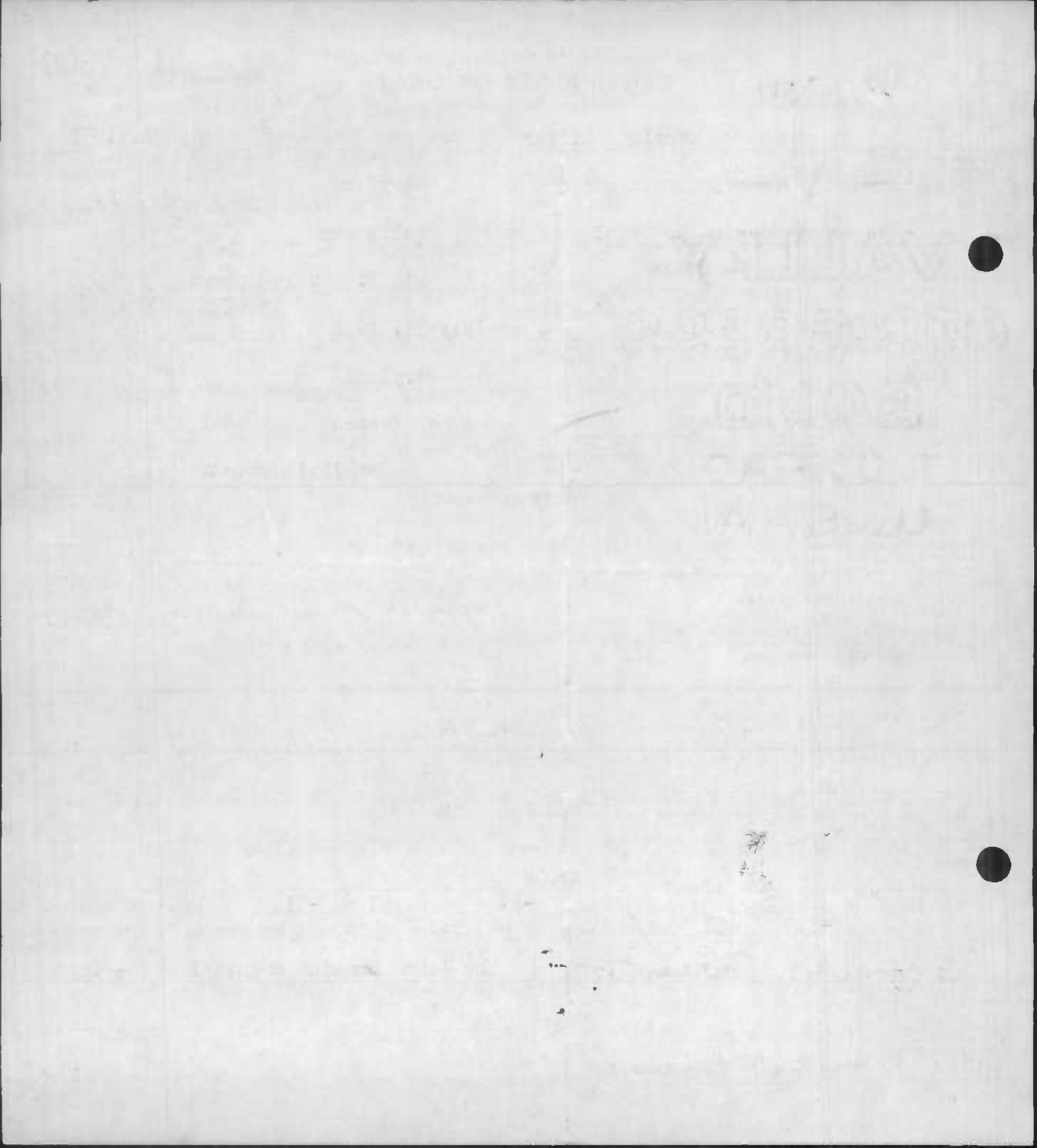
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7306

1. NAME OF DECEASED (Type or Print)		Harold Oliver Hastings		2. DATE OF DEATH		July 31, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or location)				A. STATE			
The Johns Hopkins Hospital				Maryland			
C. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location)			
0 Years				411 N. Castle Street			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
Male		White		Single		July 31, 1951	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10B. KIND OF BUSINESS OR INDUSTRY			
Infant				Maryland			
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
Harold Oliver Hastings				Anna Gleason 579861			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)				16. SOCIAL SECURITY NO.			
No				Hospital Records			

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) ANTECEDENT CAUSES		Asphyxia		40 min	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		Incomplete Breach Delivery		40 min	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		Prematurity			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7-31, 1951, to 7-31, 1951, that I last saw the deceased alive on 7-31, 1951, and that death occurred at 9:10P. m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
George W. Corner, Jr. M. D.		The Johns Hopkins Hospital		8-51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
				24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
AUG 21 1951		William Williams, M.D.			



516
51 7307
BIRTH NO. 51-17042

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7307
Registered No.

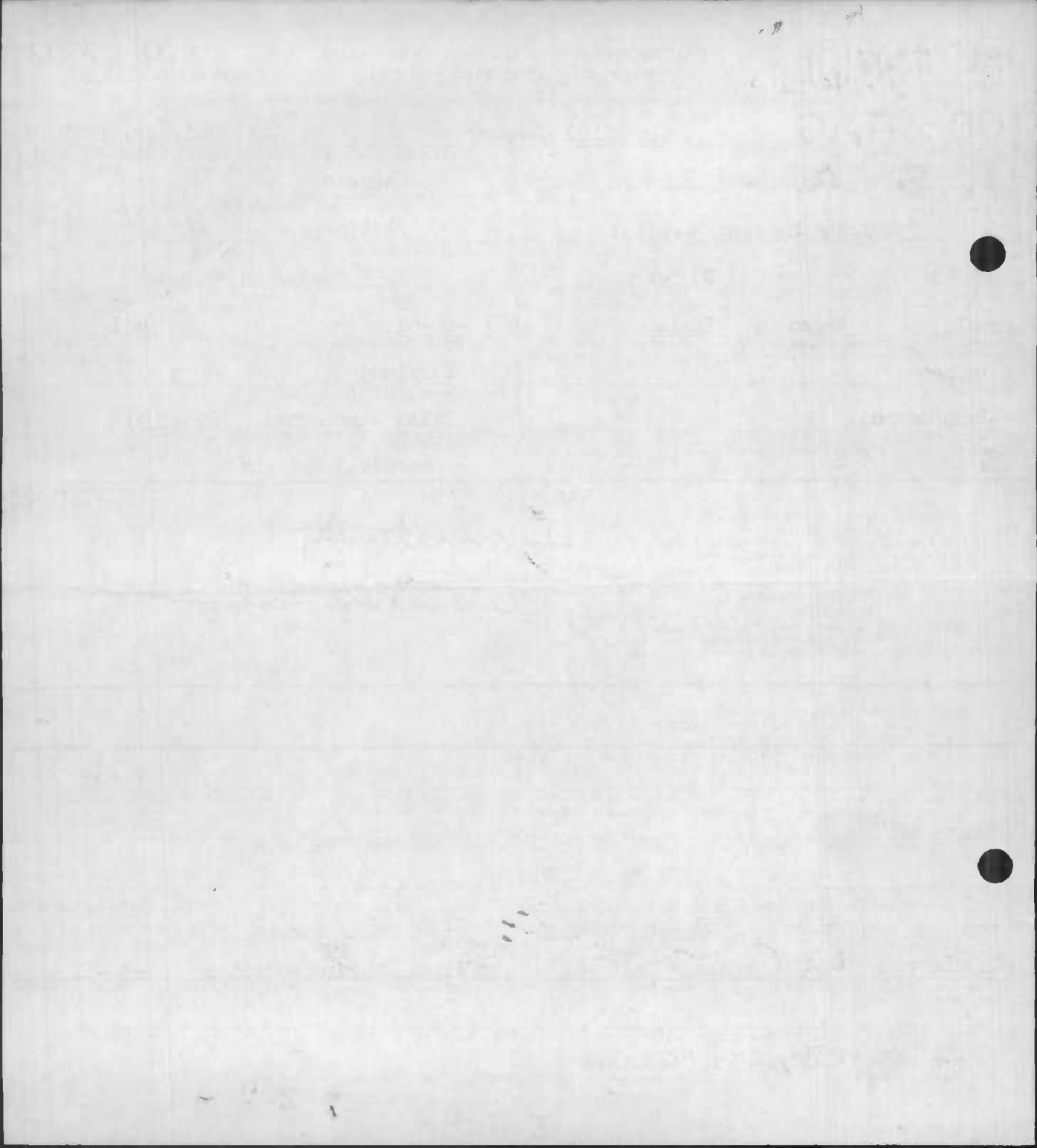
1. NAME OF DECEASED (Type or Print)		Baby Girl Camphor		2. DATE OF DEATH July 28, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION The Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 19-01			
c. Length of stay in Baltimore 0 Years		D. STREET ADDRESS (If rural, give location) 1635 Edmondson Avenue			
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 7-26-51		9. AGE (In years last birthday) 1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME John Camphor		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -		14. MOTHER'S MAIDEN NAME Ethel Cunningham (283749)	
		17. INFORMANT Hospital Records		ADDRESS	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Immaturity DUE TO (B) Premature Labor DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7-26, 1951, to 7-28, 1951, that I last saw the deceased alive on 7-28, 1951, and that death occurred at 1:30 A. M., from the causes and on the date stated above.					

23A. SIGNATURE George W. Carver, Jr.		23B. ADDRESS The Johns Hopkins Hospital		23C. DATE SIGNED 7-30-51	
---	--	--	--	-----------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY Hopk		24D. LOCATION (City, town, or county)	
DATE RECEIVED BY LOCAL REGISTRAR AUG 21 1951		REGISTRAR'S SIGNATURE Wm. Williams, M.D.		25. FUNERAL DIRECTOR		ADDRESS	



656
51 7308
51-17041BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7308

Registered No.

1. NAME OF DECEASED
(Type or Print)

Baby Girl Turner

2. DATE
OF DEATH July 27, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MarylandC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 8-06D. STREET ADDRESS (If rural, give location)
1607 Bond Street

C. Length of stay in Baltimore

0 Years

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 27, 1951

9. AGE (In years last birthday)

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

42

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Dan Turner

14. MOTHER'S MAIDEN NAME

Justine Taylor (111462)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records

18. 776x
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

CAUSE OF DEATH

Immaturity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

Premature Labor

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-27, 1951, to 7-27, 1951, that I last saw the deceased alive on 7-27, 1951, and that death occurred at 2:00A.m., from the causes and on the date stated above.

23A. SIGNATURE

George W. Corner Jr.

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

7-30-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

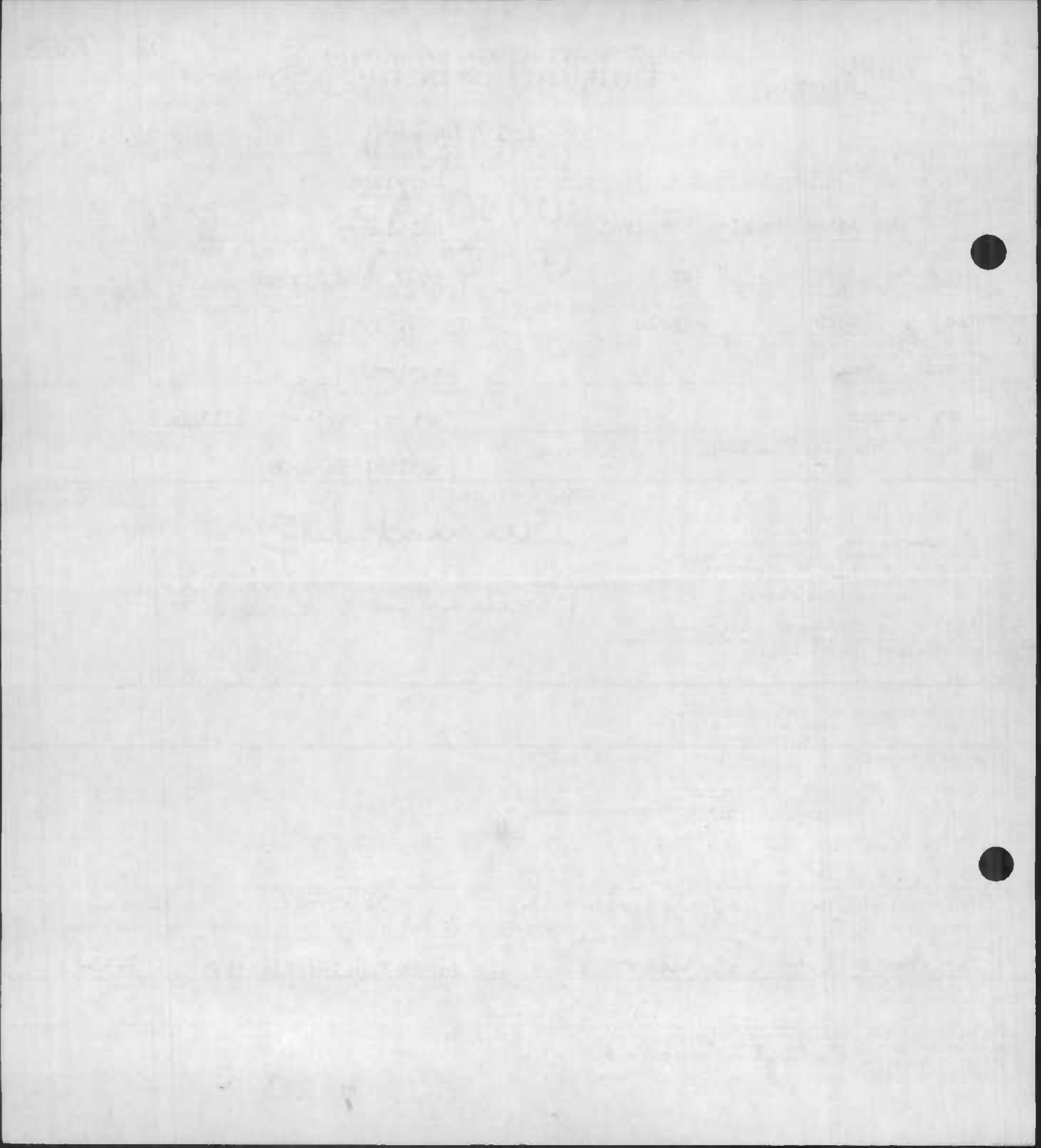
ADDRESS

AUG 21 1951

VS 150

510007293

159



635

51 7309

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7309
Registered No.

BIRTH NO.

51-17802

1. NAME OF DECEASED
(Type or Print)

Baby Girl Hardiman

2. DATE
OF
DEATH August 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Cecil

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Elk Mills

D. STREET ADDRESS (If rural, give location)

5700

C. Length of stay in Baltimore

0 Years

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

8-2-51

9. AGE (In years last birthday)

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

7-35

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Hardiman

14. MOTHER'S MAIDEN NAME

Alice Foraker (479598)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records

J.H.H.

18. 759.3 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Congenital malformations

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-2, 1951, to 8-2, 1951, that I last saw the deceased alive on 8-2, 1951, and that death occurred at 7:45P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

George W. Corner Jr. M.D.

The Johns Hopkins Hospital 8-7-51

24A. BURIAL, CREMATION,
REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

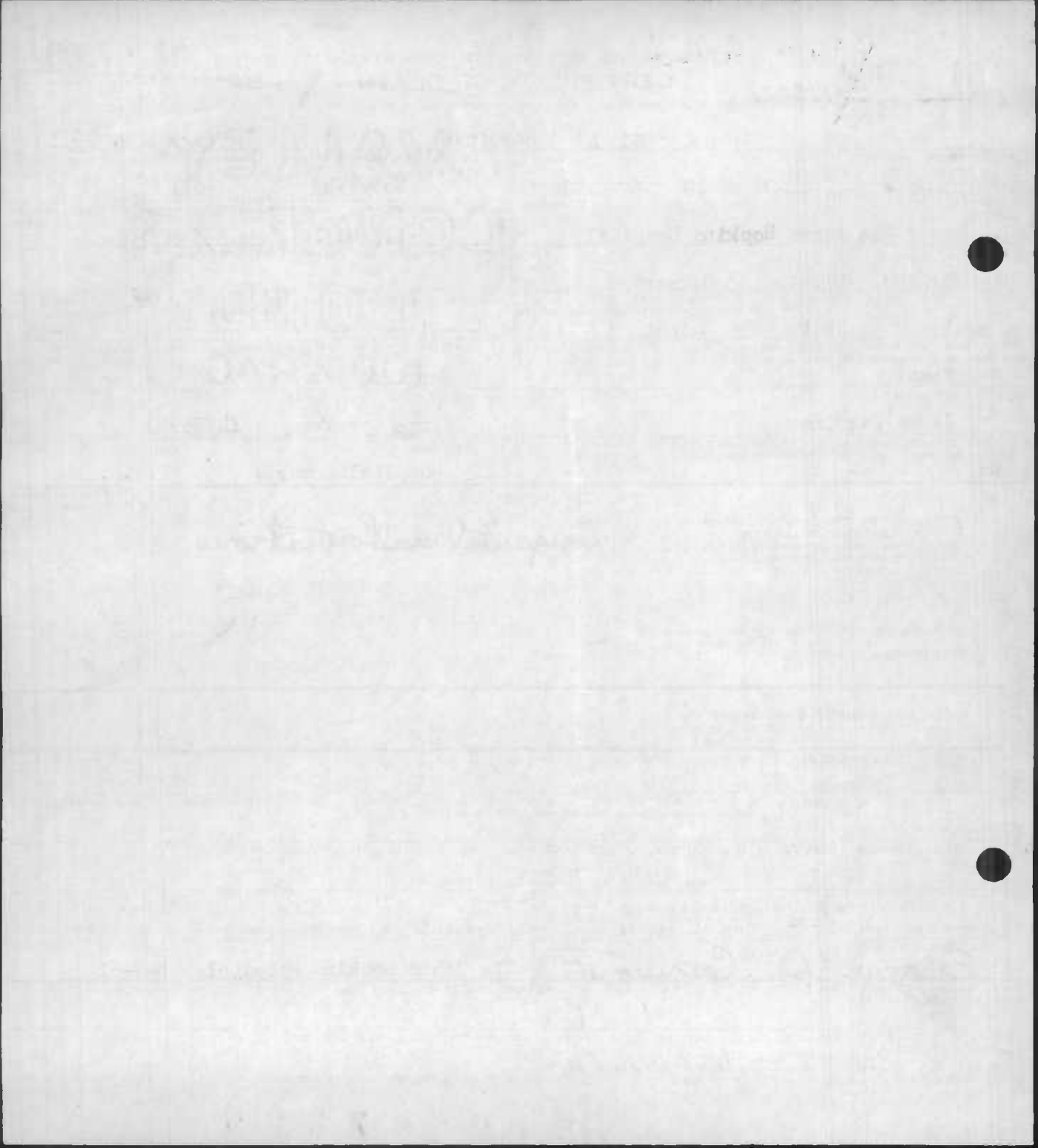
AUG 21 1951

William Williams, M.D.

VS 150

1951 0007294 157M

MEDICAL CERTIFICATION



52 Hospital Disposal 7310		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		51 7310 Registered No. _____	
1. NAME OF DECEASED (Type or Print) <u>Baby Esine Akima</u>			2. DATE OF DEATH <u>August 8, 1951</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>md.</u> B. COUNTY <u>Harford</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <u>Belair Bel Air</u>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <u>R.F.D. #1</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>7-28-51</u>	9. AGE (In years last birthday)	If Under 1 Year Months: <u>11</u> Days: <u>11</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <u>md.</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>James Akima</u>			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
			17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>		
18. <u>7625</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Atelectasis</u> DUE TO			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Prematurity - 800 grams</u> DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>7-28</u> , 19 <u>51</u> , to <u>8-8</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8-8</u> , 19 <u>51</u> , and that death occurred at <u>6:15 P.M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Robert E. Appleby</u> M. D.			23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED <u>8/9/51</u>
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <u>Forest Burial</u>	24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <u>AUG 21 1951</u>		REGISTRAR'S SIGNATURE <u>Wm. J. Williams, M.D.</u>		25. FUNERAL DIRECTOR ADDRESS	

525

ND-151391

7311

51-16720

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7311

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Boy Johnson (Corrine)

2. DATE
OF
DEATH

Aug. 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

535 Trasher St. (535 Mosher St.)

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug. 16, 1951

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

1

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Johnson

14. MOTHER'S MAIDEN NAME

Corrine Cole

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records 4940 Eastern Avenue

18. 760.5 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Intracranial Hemorrhage

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

Life

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Prematurity

Life

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-16, 19 51 to 8-17, 19 51, that I last saw the
deceased alive on 8-17, 19 51, and that death occurred at 2:20pm., from the causes and on the date stated above.

23A. SIGNATURE

C. S. Clogh

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

8-20-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

8-20-51

24C. NAME OF CEMETERY OR CREMATORY

B.C.H. Crematory

24D. LOCATION (City, town, or county)

4940 Eastern Avenue

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

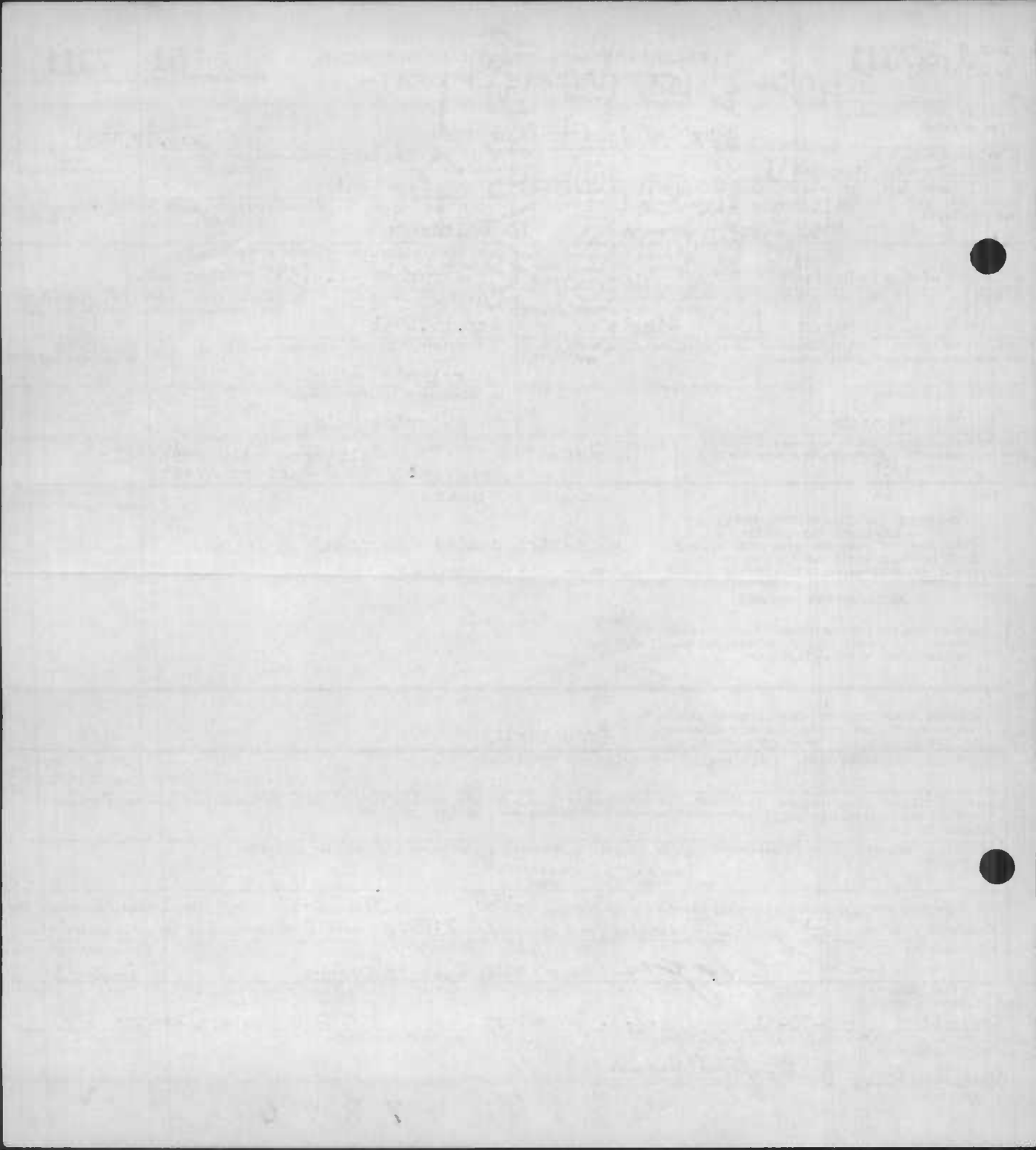
AUG 21 1951

VS 150

51 16720

160a

MEDICAL CERTIFICATION



253
51 7312
ND-151138
BIRTH NO. 51-16789

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

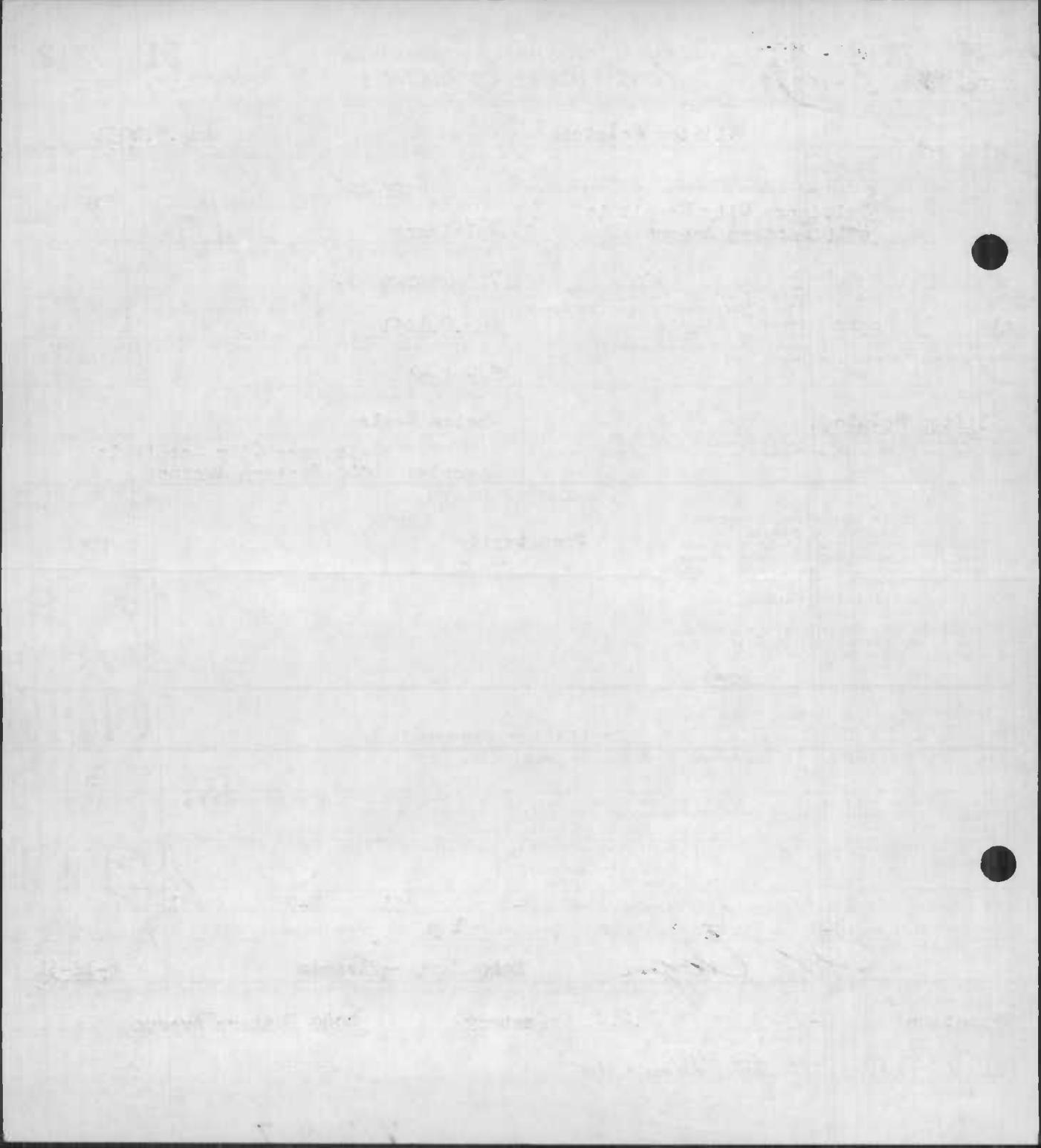
51 7312
Registered No.

1. NAME OF DECEASED (Type or Print) Clifton McIntosh		2. DATE OF DEATH Aug. 9, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-03	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 765 George St.	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 8, 1951
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (in years last birthday) 1	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Clifton McIntosh		12. CITIZEN OF WHAT COUNTRY? ✓	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME Thelma Keels	
16. SOCIAL SECURITY NO.		17. INFORMANT Baltimore City Hospitals Reocrds: 4940 Eastern Avenue	

18. 763.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity DUE TO (A) Prematurity (B) _____ DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH Life
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Aspiration pneumonia	

19A. DATE OF OPERATION ✓		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-8 , 19 51 , to 8-9 , 19 51 , that I last saw the deceased alive on 8-9 , 19 51 , and that death occurred at 1 p m., from the causes and on the date stated above.					
23A. SIGNATURE W. J. Logan M. D.		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 8-12-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 8-13-51		24C. NAME OF CEMETERY OR CREMATORY B.C.H. Crematory	
24D. LOCATION (City, town, or county) 4940 Eastern Avenue		(State)			
DATE RECEIVED BY LOCAL REGISTRAR AUG 21 1951		REGISTRAR'S SIGNATURE W. J. Logan		25. FUNERAL DIRECTOR ADDRESS	

159
17510007297



<h1 style="margin: 0;">Hospital Disposal</h1> <p style="margin: 0;">BALTIMORE CITY HEALTH DEPARTMENT</p> <h2 style="margin: 0;">CERTIFICATE OF DEATH</h2>		<p style="font-size: 24pt; margin: 0;">51 7313</p> <p style="margin: 0;">Registered No. _____</p>
<p>BIRTH NO. <u>51 7313</u> <i>was Resident</i></p>		<p>2. DATE OF DEATH <u>Aug 17, 1951</u></p>
<p>1. NAME OF DECEASED (Type or Print) <u>ROGER "BABY BOY"</u></p>		<p>2. DATE OF DEATH <u>Aug 17, 1951</u></p>
<p>3. PLACE OF DEATH:</p> <p>A. Baltimore City, Maryland <u>HLH-PN</u></p>		<p>4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)</p> <p>A. STATE <u>MARYLAND</u> B. COUNTY <u>Anne Arundel</u></p>
<p>B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u></p>		<p>C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>ANNAPOLIS</u></p>
<p>c. Length of stay in Baltimore</p>		<p>D. STREET ADDRESS (If rural, give location) <u>- 5210</u></p>
<p>5. SEX <u>MALE</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u></p>
<p>10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</p>	<p>10B. KIND OF BUSINESS OR INDUSTRY</p>	<p>8. DATE OF BIRTH <u>8-15-51</u></p>
<p>13. FATHER'S NAME</p>		<p>9. AGE (In years last birthday) <u>2</u></p> <p>11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u></p>
<p>15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)</p>		<p>12. CITIZEN OF WHAT COUNTRY?</p>
<p>16. SOCIAL SECURITY NO.</p>		<p>14. MOTHER'S MAIDEN NAME <u>OLIVE MAE ?</u></p>
<p>18. <u>760.5</u> CAUSE OF DEATH</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH</p> <p>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p>..... (A) <u>Cerebrovascular hemorrhage</u> DUE TO</p> <p>..... (B) <u>Prematurity 1700 grams</u> DUE TO</p> <p>..... (C)</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p>.....</p> <p>II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>		<p>INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u></p>
<p>19A. DATE OF OPERATION</p>		<p>19B. MAJOR FINDINGS OF OPERATION</p>
<p>20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/></p>		
<p>21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/></p>	<p>21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)</p>	<p>21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)</p>
<p>21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	<p>21F. HOW DID INJURY OCCUR?</p>	
<p>22. I hereby certify that I attended the deceased from <u>8-16-1951</u> to <u>8-17-1951</u>, that I last saw the deceased alive on <u>8-17-1951</u>, and that death occurred at <u>10:30 pm.</u>, from the causes and on the date stated above.</p>		
<p>23A. SIGNATURE <u>Robert E. Speck</u> M. D.</p>		<p>23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u></p>
<p>24A. BURIAL, CREMATION, REMOVAL (Specify)</p>		<p>24B. DATE <u>Aug 21 1951</u></p>
<p>24C. NAME OF CEMETERY OR CREMATORY <u>Forest Burial</u></p>		<p>24D. LOCATION (City, town, or county) (State)</p>
<p>DATE RECEIVED BY LOCAL REGISTRAR <u>AUG 21 1951</u></p>		<p>25. FUNERAL DIRECTOR ADDRESS</p>

100
100
100
100

100
100
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100
100
100
100

520 51 7314

H-1517

51 7314

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <u>Lillian Elizabeth Young</u>			2. DATE OF DEATH <u>August 21, 1951</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>9-09</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			D. STREET ADDRESS (If rural, give location) <u>1400 N. Caroline Street</u>			E. DATE OF BIRTH <u>May 6, 1888</u>		
c. Length of stay in Baltimore			F. AGE (in years last birthday) <u>63</u>			G. Under 1 Year Months: Days: Hours: Min.		
5. SEX <u>Female</u>			6. COLOR OR RACE <u>White</u>			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic Work</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>St. Joseph's Hospital</u>			11. BIRTHPLACE (State or foreign country) <u>New Jersey</u>		
13. FATHER'S NAME <u>Edwin Young</u>			14. MOTHER'S MAIDEN NAME <u>Clara Brewster</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>212-32-0226</u>			17. INFORMANT ADDRESS <u>Sisters of St. Francis St. Joseph</u>		
18. <u>4201</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Heart failure.</u>			CAUSE OF DEATH (A) <u>Myocardial Infarction</u>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES (B) <u>Hypertensive CVD.</u>			DUE TO (C) <u>Diabetes</u>					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT								
19A. DATE OF OPERATION <u>8/21/51</u>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>8/20/</u> , 19 <u>51</u> , to <u>8/21/</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8/21/</u> , 19 <u>51</u> , and that death occurred at <u>4:15 A.M.</u> , from the causes and on the date stated above.								
23A. SIGNATURE <u>[Signature]</u>			23B. ADDRESS <u>1400 N. Caroline Street</u>			23C. DATE SIGNED <u>8/21/51</u>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24B. DATE <u>8-23-51</u>			24C. NAME OF CEMETERY OR CREMATORY <u>Holy Redeemer</u>		
24D. LOCATION (City, town, or county) (State) <u>Baltimore</u>			24E. NAME OF CEMETERY OR CREMATORY <u>Holy Redeemer</u>			24F. LOCATION (City, town, or county) (State) <u>Baltimore</u>		
DATE RECEIVED BY LOCAL REGISTRAR <u>AUG 22 1951</u>			REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR ADDRESS <u>L.J. Kuck 5305 Hayford</u>		

MEDICAL CERTIFICATION

720 FT

61

1951

188.8

63

326 51 7315

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7315

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Ann Gatechair

2. DATE
OF
DEATH

Aug. 19-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2809 Beechland Ave

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-06

D. STREET ADDRESS (If rural, give location)

2809 Beechland Ave.

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.

Female white

single

Dec. 12-1860

90

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

Brooklyn N.Y.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Percy Boswell-2704 Bayonne

18. 4/22/1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TO

Congestive heart failure

3 Hours.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TO

Anterior chest. Cardiac infarction

rubrum

(C) ...

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

None.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from August 9, 1951, to August 14, 1951, that I last saw the
deceased alive on August 11, 1951, and that death occurred at 2:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

5600 Harford Rd

21 Aug 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 22 1951

Huntington Williams, M.D.

L. J. Ruck

5305 Harford Rd.

3122 Northern Pkwy

Dr. Osborne

50

51 7316

51 7316

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BERNARD RADIN

2. DATE
OF
DEATH

8-22-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2542 Park Heights Terrace Baltimore 15-13

C. Length of stay in Baltimore

45 Yrs. Mon. Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Brooklyn

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Ben Zion

PROP (A)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Ma Radin -

DAME

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

Aug. 8 1951

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1951, to Aug 27, 1951, that I last saw the deceased alive on Aug 22, 1951, and that death occurred at 12:35 p.m., from the causes and on the date stated above.

23A. SIGNATURE

W. B. Baglin

M. D.

23B. ADDRESS

2010 E. E. Lane Pl

23C. DATE SIGNED

8/22-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

8-22-51

Bnai Israel

Balto

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

W. B. Baglin

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis & Co, 2100 E. E. Lane Pl

AUG 22 1951

VS 150

526064 7301

93E

MEDICAL CERTIFICATION

~~Page 1~~

51 7317

51 7317

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Paul Deitchman

2. DATE
OF
DEATH

Aug. 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-16

D. STREET ADDRESS (If rural, give location)

2447 Cold Spring Lane

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

3-15-08

9. AGE (in years last birthday)

43

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Clothing (A)

11. BIRTHPLACE (State or foreign country)

Md (Balto)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Isadore Deitchman

14. MOTHER'S MAIDEN NAME

Rose Klompus

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

18. 430.0 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Sclerotic Heart Disease
DUE TO with Acute Myocardial Infarct
and Pulmonary Embolism
(B)
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 8/14, 1951, to 8/21, 1951, that I last saw the deceased alive on 8/21, 1951, and that death occurred at 8:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Julius R. Kierans

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Aug 21, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

8-22-51

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Young Men

24D. LOCATION (City, town, or county)

Balto

DATE RECEIVED BY LOCAL REGISTRAR

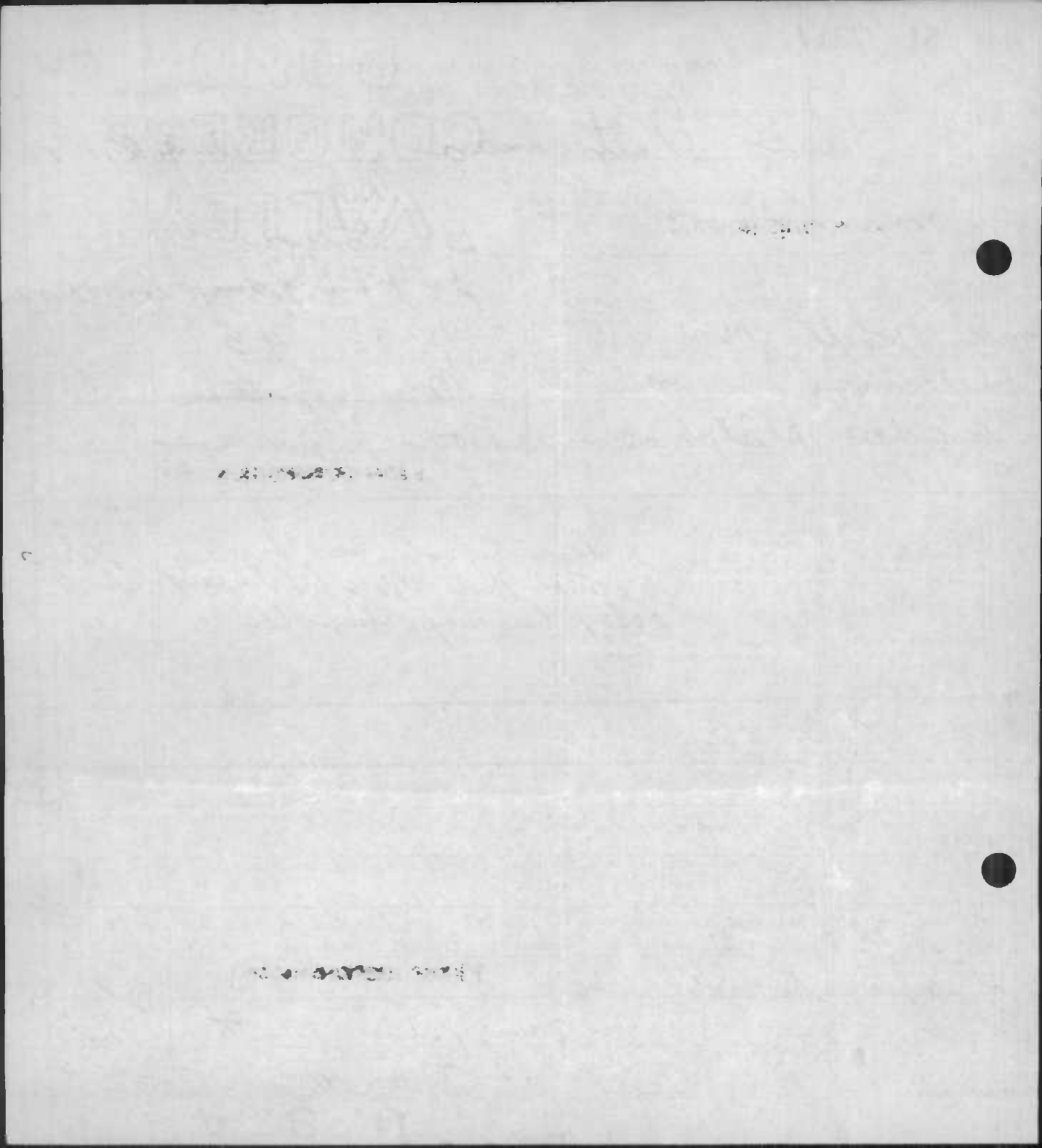
REGISTRAR'S SIGNATURE

Curtis for Williams, Jr.

25. FUNERAL DIRECTOR

Jack Kewers 2100 Cretin Pl

ADDRESS



100
51 7318BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7318

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years, last birthday)

H Under 1 Year Months: Days H Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 153X1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1 July 1951, to 21 Aug, 1951, that I last saw the deceased alive on 21 Aug 1951, and that death occurred at 3:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

19510007303

46E

MEDICAL CERTIFICATION

See Document File 51-7318

9/4/51

ES

1028

51 7319

CRESAP

51 7319

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ada Ramblings Cnesap

2. DATE
OF
DEATH

August 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Nurse-Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Professional

13. FATHER'S NAME

Vanspinger Cnesap

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

?

8. DATE OF BIRTH

3-25-76

9. AGE (In years
last birthday)

75

11. Under 1 Year
Months: Days12. Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Dorise Ramblings

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CEREBRO-VASCULAR ACCIDENT

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

8 HRS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.PANCREATITIS, COMMON DUCT STONE
& BILIARY OBSTRUCTION

2 MOS

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐22. I hereby certify that I attended the deceased from 8-19, 1951, to 8-20, 1951, that I last saw the
deceased alive on 8-20, 1951, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

James R. Cantelero

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

8/21/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

8/23/51

24C. NAME OF CEMETERY OR CREMATORY

Rose Hill

24D. LOCATION (City, town, or county)

Cumberland, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

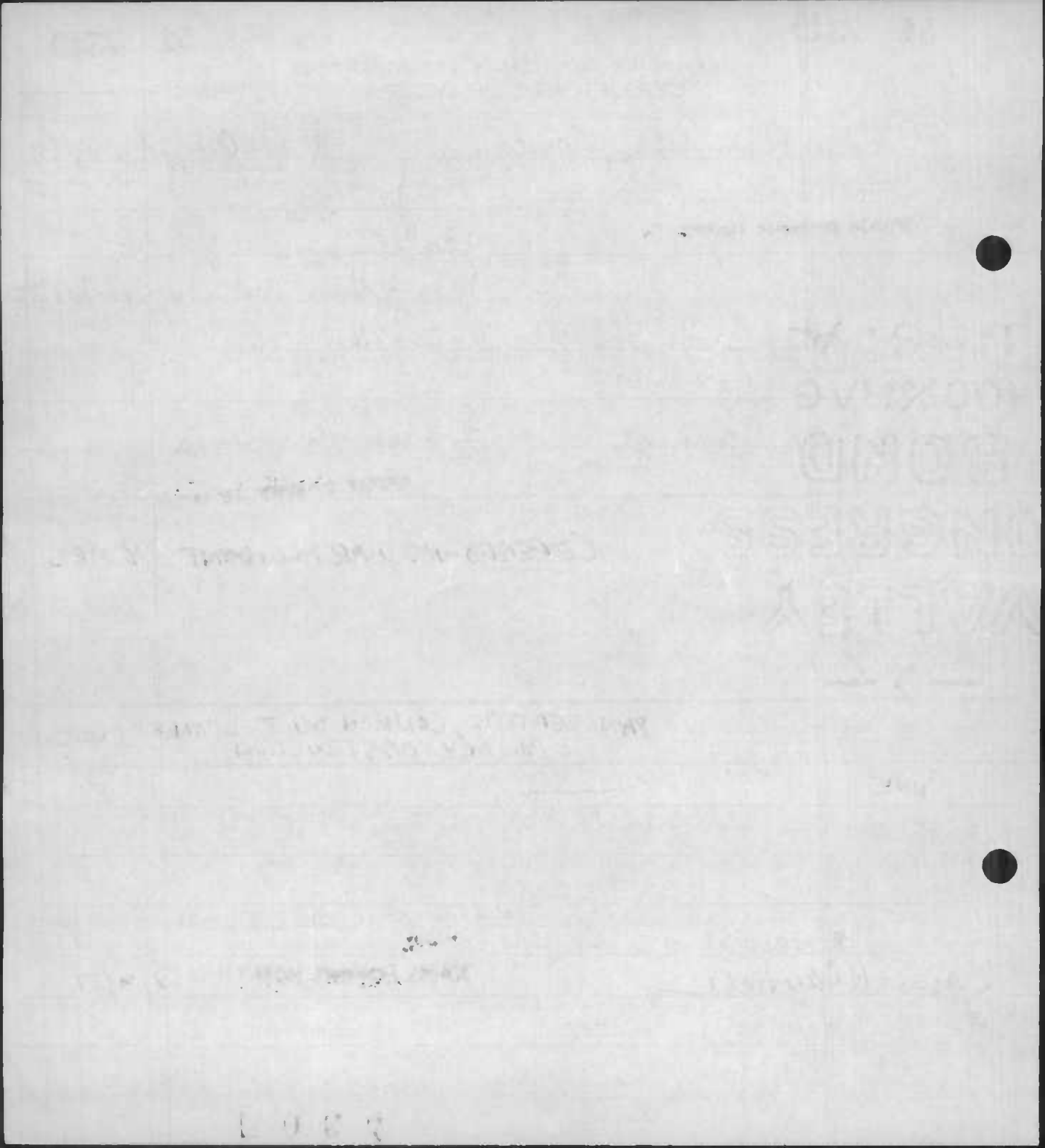
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 22 1951

Wm. J. Tucker - Long Ball Md



130 51 7320

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7320

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IDA, HAYES, TAFT

2. DATE
OF
DEATH8 20 51
Aug. 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 212 Stoney Run Lane

B. FULL NAME OF (If not in hospital or institution, give street address or location)
INSTITUTION Stoney Run Nursing Home

C. Length of stay in Baltimore 30 yrs

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed WID

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Home None

10B. KIND OF BUSINESS OR INDUSTRY

-

13. FATHER'S NAME

Richard Hayes

Richard Hayes

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No no

16. SOCIAL SECURITY NO.

?

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

642 Gorsuch Ave.

8. DATE OF BIRTH

Sept. 16, 1856

9. AGE (In years last birthday)

94

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

LeRoy, N. Y.

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Maria Taft

17. INFORMANT

Mrs. Freda S. Wigenbohm

ADDRESS

Above

18. 443 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral Arteriosclerosis

INTERVAL BETWEEN
ONSET AND DEATH

3 mo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertension - Vascular - 5

1 yr

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐
m. WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1940 to Aug 20, 1951, that I last saw the deceased alive on Aug 20, 1951, and that death occurred at 11 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Fritz J. Himmsey

23B. ADDRESS

M. D.

2700 Harford Road

23C. DATE SIGNED

Aug 21 '51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

8/23/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

W. J. Johnson, M.D.

25. FUNERAL DIRECTOR

W. J. Johnson & Son, Inc.

ADDRESS

Balto. Md.

7/10/20 40

520 51 7321

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7321

Registered No. _____

BIRTH NO. _____				1. NAME OF DECEASED (Type or Print) FLORENCE ADDIE OWENS				2. DATE OF DEATH Aug. 20, 1951			
3. PLACE OF DEATH: A. Baltimore City, Maryland 1814 Bolton St.								4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Md. B. COUNTY _____			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION								C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-01			
C. Length of stay in Baltimore								D. STREET ADDRESS (If rural, give location) 1814 Bolton St.			
5. SEX M		6. COLOR OR RACE W		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Oct. 25, 1885		9. AGE (In years last birthday) 65		10. Under 1 Year Months: _____ Days: _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Milliner				10B. KIND OF BUSINESS OR INDUSTRY Self				11. BIRTHPLACE (State or foreign country) Va.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Willard H. Owens (M)								14. MOTHER'S MAIDEN NAME Leah Russells			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No				16. SOCIAL SECURITY NO. 215-09-2035				17. INFORMANT ADDRESS Mrs. Willard H. Owens 715 N. Charles St.			
18. 4201 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis (A) DUE TO _____ • ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic Cardio-vascular disease (B) DUE TO _____ (C) DUE TO _____								INTERVAL BETWEEN ONSET AND DEATH			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								CERTIFICATION APPROVED BY Stanley K. Dineen M.D.			
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION				CHIEF OR ASST. MEDICAL EXAMINER.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH				21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:30 m., from the causes and on the date stated above.											
23A. SIGNATURE Willard H. Owens								23B. ADDRESS 11 E. Chase St. Balt. Md.		23C. DATE SIGNED 8-21-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial				24B. DATE 8/22/51		24C. NAME OF CEMETERY OR CREMATORY Louisa Pk. Cem.		24D. LOCATION (City, town, or county) (State) Baltimore, Md.			
DATE RECEIVED BY LOCAL REGISTRAR AUG 22 1951				REGISTRAR'S SIGNATURE William H. Owens				25. FUNERAL DIRECTOR ADDRESS Wm. J. Tichauer & Sons Inc. Balt. Md.			

2161

256 51 7322

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7322
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nattie Howser Skinner

2. DATE
OF
DEATH

Aug. 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4701 Roland Ave.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

life

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 27, 1871

9. AGE (in years
last birthday)

80

10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

home duties

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore,

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Gassaway S. Howser

14. MOTHER'S MAIDEN NAME

Cecelia Bramwell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Maurice E. Skinner 4701 Roland Ave.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ...

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ...

DUE TO

(C) ...

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☒22. I hereby certify that I attended the deceased from March 1937 to Aug 20, 1951, that I last saw the
deceased alive on 8/20/51 and that death occurred at 1:15 PM from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Aug. 22, 1951

24C. NAME OF CEMETERY OR CREMATORY

Green Mount

24D. LOCATION (City, town, or county)

Baltimore, Md.

ADDRESS

DATE RECEIVED BY
LOCAL REGISTRAR

AUG 22 1951

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

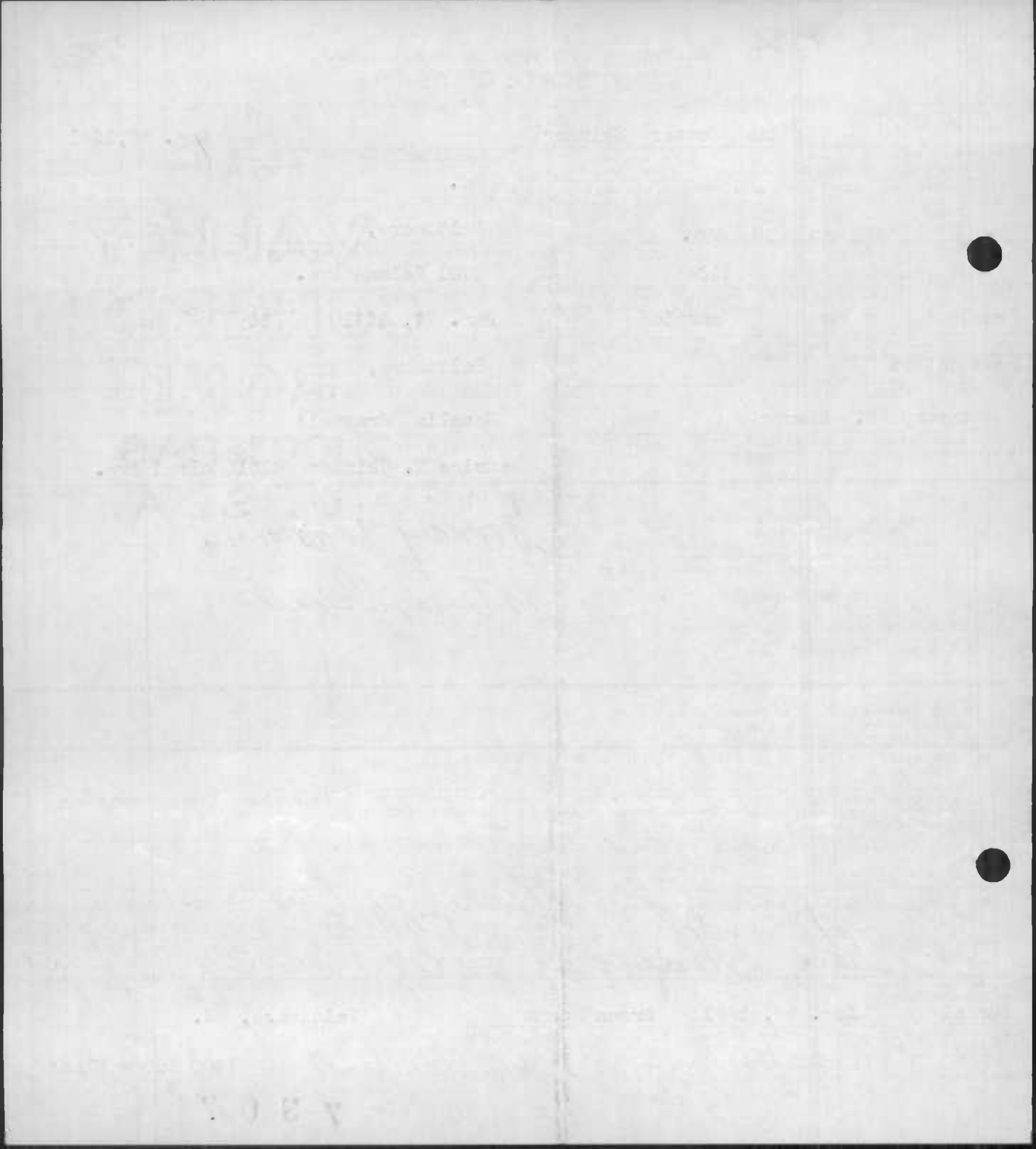
John O. Mitchell Sons

1900 Eutaw Place

VS 150

3908 50100 7307 94a

MEDICAL CERTIFICATION



250
51 7323BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7323

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bertha B. Disney

2. DATE
OF DEATH August 21, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Baptist Home of Maryland
1615 Park Avenue4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Maryland
b. COUNTY nonec. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-18d. STREET ADDRESS (If rural, give location)
4902 Cordelia Ave.

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

Mar. 7, 1879

9. AGE (In years
last birthday)

72

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Henry E. Disney

14. MOTHER'S MAIDEN NAME

Cornelia L. Audoun

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mabel E. Disney - Baptist Home, 1615 Park Ave.

18. 4211

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cardiovascular disease

P

DUE TO

advanced atherosclerosis

P

(B)

myocarditis - about 6 mo duration

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1 - , 1951, to Aug 21, 1951, that I last saw the
deceased alive on Aug 20, 1951, and that death occurred at 3:40 m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

M. D.

2220 Garrison Blvd.

Aug 22/51

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

burial

8 - 24 - 51

Loudon Park

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

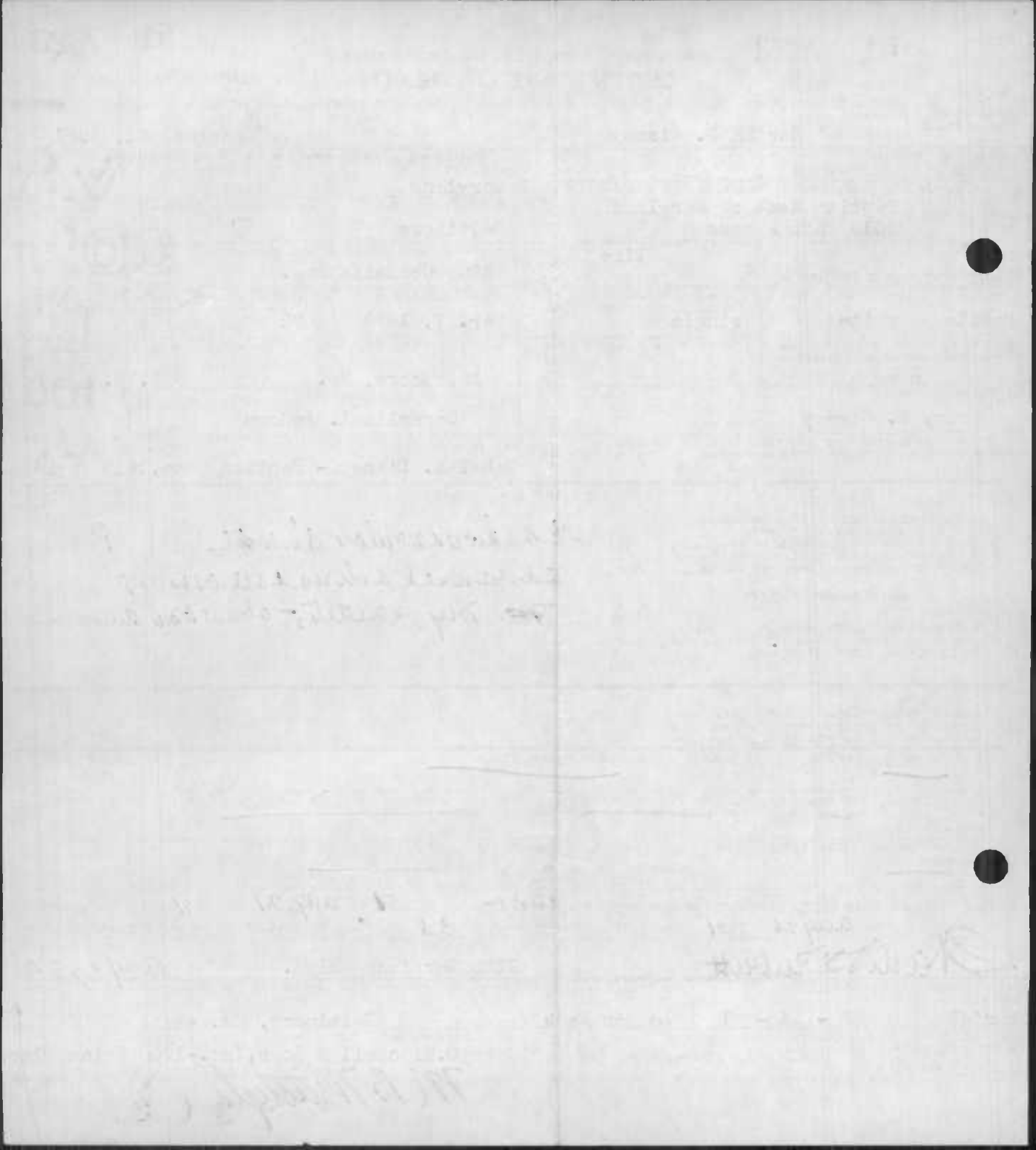
AUG 22 1951

Walter J. Williams, M.D.

John O. Mitchell & Sons, Inc. - 1900 Eutaw Place

M B Mitchell

19510207308937



51 7324
- 268BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 7324

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HERMANS. DUKER

2. DATE
OF
DEATH

Aug 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Sinai Hospital

life

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

male

white

widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

salesman

10B. KIND OF BUSINESS OR INDUSTRY

real estate

13. FATHER'S NAME

Herman H. Duker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

14-03

D. STREET ADDRESS (If rural, give location)

1804 Eutaw Place

8. DATE OF BIRTH

9 - 3 - 85

9. AGE (In years last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U. S.

14. MOTHER'S MAIDEN NAME

Rosa W. Duker

17. INFORMANT

ADDRESS

Charles E. Quandt 800 Balto. Life Bldg.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) PERITONITIS Post Op.
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) CARCINOMA OF BLADDER
& CARCINOMA OF PROSTATE
(C)INTERVAL BETWEEN
ONSET AND DEATH

5-6 d

? Mos.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

8/10/51

CA of BLADDER & PROSTATE

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 6, 1951 to Aug 20, 1951 that I last saw the deceased alive on Aug 20, 1951, and that death occurred at 5:38 m., from the causes and on the date stated above.

23A. SIGNATURE

Malcolm E. Ruben

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

Aug 21, 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Aug 22, 1951

John O. Mitchell & Sons, Inc.

-1900 Eutaw Place

510

51 7325

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7325

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Helen Carter Lamb

2. DATE
OF
DEATH

Aug. 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2442 Guilford Ave.

life Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Nov. 18, 1899

9. AGE (In years
last birthday)

51

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk, credit dept.

10B. KIND OF BUSINESS OR
INDUSTRY

Hutzler Bros. Store

13. FATHER'S NAME

John C. Lamb

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S.

14. MOTHER'S MAIDEN NAME

Ida Carter Lamb

17. INFORMANT

ADDRESS

Chauncey D. Lamb - 335 E. 25th St.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ovarian carcinoma

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1 yr.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1951, to Aug. 20, 1951, that I last saw the
deceased alive on Aug 20, 1951, and that death occurred at 6:00 A. M. from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

2431 Maryland Ave.

23C. DATE SIGNED

8-22-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

8 - 23 - 51

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

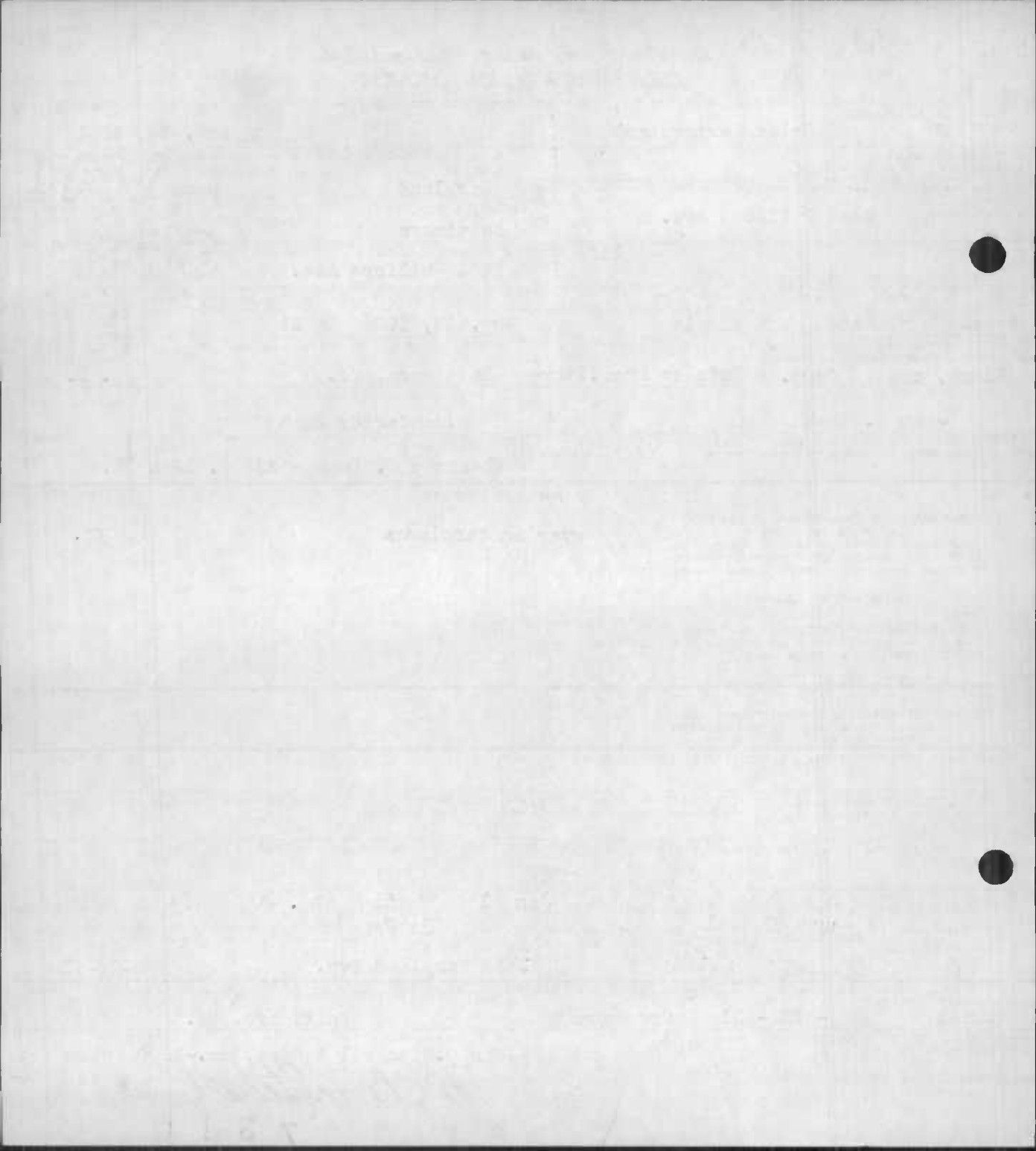
John O. Mitchell & Sons, Inc. - 1900 Eutaw Pl.

VS 150

3906C

M B Mitchell

731049a



150 51 7326

51 7326

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SIMON LEVIN

2. DATE
OF
DEATH

8/21/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Jmai

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-38

D. STREET ADDRESS (If rural, give location)

3407 Powhatan ave

C. Length of stay in Baltimore

54 yrs.

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

Yrs.
Mos.
Days

B. DATE OF BIRTH

1876

9. AGE (In years
last birthday)

75

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clothing Business

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Loeb Levin

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 3407

Sylvan Levin Powhatan ave

18. 470.0 I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Atherosclerotic Heart Disease

Years

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Atherosclerotic heart disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 21, 1951, to Aug 21, 1951, that I last saw the
deceased alive on Aug 21, 1951, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Leon S. Cassel

M. D.

23B. ADDRESS

Jmai Hosp 100 Aug 21 '51

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS 1126

AUG 22 1951

Tunington Williams, M.D.

Sol Lewinson, Bms W North ave

320 51 7327

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 7327

BIRTH NO.

1. NAME OF DECEASED (Type or Print) B. Mrs. Cora Stagge (CORA B. STAGGE)			2. DATE OF DEATH 8/20/1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence) A. STATE Maryland B. COUNTY Baltimore before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md.		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 4227 Annapolis Road, Balto-27-Md.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1/11/1881		9. AGE (in years last birthday) 70
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Baltimore Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles Reiter			14. MOTHER'S MAIDEN NAME Unk.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS Gladys M. Jeffers Same		

18. 570.5 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Toxemia DUE TO Intestinal Obstruction DUE TO Stricture of Recto; & Sigmoid		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 8/12/1951		19B. MAJOR FINDINGS OF OPERATION Intestinal Obstruction		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/12/ 51 , 19___, to 8/20 /51 , 19___, that I last saw the deceased alive on 8/20/51 , 19___, and that death occurred at 3 A. m., from the causes and on the date stated above.					
23A. SIGNATURE Luan Mendoza		23B. ADDRESS 2025 W. Fayette		23C. DATE SIGNED 8. 20. 51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug. 22/51		24C. NAME OF CEMETERY OR CREMATORY Western Cemetery	
DATE RECEIVED BY LOCAL REGISTRAR AUG 22 1951		REGISTRAR'S SIGNATURE W. B. Wippert		25. FUNERAL DIRECTOR ADDRESS F. B. Wippert & Son 1300 Eutaw Pl. 17	

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51 7328

CERTIFICATE CORRECTED 9/5/51

BALTIMORE CITY HEALTH DEPARTMENT

51 7328

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 401.3

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHat least
10 years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 8-14-1951, to 8-21-1951, that I last saw the
deceased alive on 8-21-1951, and that death occurred at 4 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

See Document File 5 -7328

9/5/51

ES

32-5 51 7329

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7329
Registered No.

BIRTH NO		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		WELDON HARRY WATKINS		8-19-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)				A. STATE MD	
ST. JOSEPH'S HOSPITAL				C. CITY OR TOWN BALTO.	
D. STREET ADDRESS (If rural, give location)				12-05	
1508 BRENTWOOD AVE					
c. Length of stay in Baltimore		30		Yrs. Mon. Days	
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
MALE		COLORED		WID.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, if retired)		10B. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH	
UNEMPLOYED (labour)		Coal Yard		8-15-86	
13. FATHER'S NAME		Harold Watkins		9. AGE (In years last birthday)	
				65	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		11. BIRTHPLACE (State or foreign country)	
UNKNOWN				VIRGINIA	
				12. CITIZEN OF WHAT COUNTRY?	
				USA	
				14. MOTHER'S MAIDEN NAME	
				Lucy Watkins	
				17. INFORMANT	
				Rosetta Watkins - 1508 Brentwood Ave	
				ADDRESS	
18. 199.1		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) ABDOMINAL CARCINOMATOSIS			
ANTECEDENT CAUSES		DUE TO Left upper quadrant			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Metastasis to liver		(over)	
		(C)			
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
8-18-51		ABDOMINAL CARCINOMATOSIS		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-15, 1951, to 8-19, 1951, that I last saw the deceased alive on 8-19, 1951, and that death occurred at m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Joseph K...		1400 N. Caroline St		8-19-51	
M. D.					
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		8/24/51		Mount Lebanon	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24D. LOCATION (City, town, or county) (State)	
AUG 22 1951		[Signature]		Baltimore, Md	
VS 150		25. FUNERAL DIRECTOR		ADDRESS	
		Charles F. Law			
		980 FT 802 Madison Avenue		55E	
		7314			

MEDICAL CERTIFICATION

See Document File 51-7329

9/1/51

BS

515

51 7330

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7330

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marie Christine Campanella

2. DATE
OF
DEATH

8-21-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hosp.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

17 yrs

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

7-5-1889

9. AGE (In years
last birthday)

62

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

NW

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

MASCARINI

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Daughter

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Ischemic Cranial Hem.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardiovascular
disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 8-11-1951 to 8-21-1951 that I last saw the
deceased alive on 8-21-1951, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Elias Watson

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

AUG. 25/51

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

READING PENNA.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Frank Della Noce

25. FUNERAL DIRECTOR

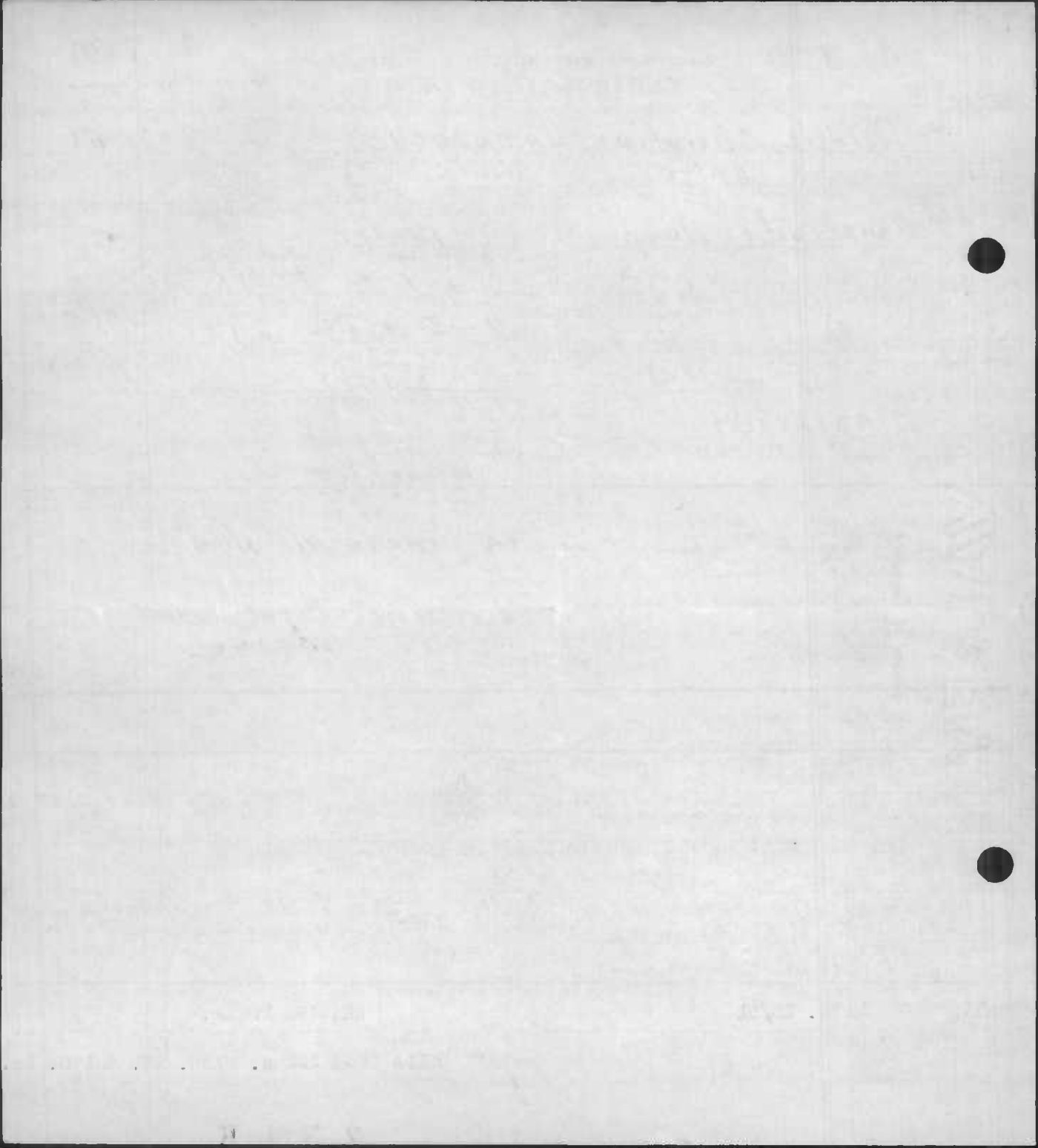
ADDRESS

FRANK DELLA NOCE 322 S. HIGH. ST. BALTO. Md.

AUG 22 1951

VS 150

937



51 7331

CERTIFICATE CORRECTED 8-31-51

51 7331

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 337 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)

Cerebral Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

5 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 8-19-1951, to 8-21-1951, that I last saw the
deceased alive on 8-21-1951, and that death occurred at 1:50 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

WATLEY
CONCRETE
INDUSTRIES

51 7332

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7332

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Father Thomas J. Lee

2. DATE
OF
DEATH

8-19-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

on route to Mercy Hosp.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (in years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Priest

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Patrick R Lee

14. MOTHER'S MAIDEN NAME

Dorinda John

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Cath Lee 1100 E 36 St

18. 470.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Atherosclerotic Ht Disease

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 hrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1950, to Aug 19, 1951, that I last saw the
deceased alive on Aug 31, 1951, and that death occurred at 8 PM, from the causes and on the date stated above.

23A. SIGNATURE

John H. Stone

23B. ADDRESS

M. D. 2000 Mercy Hosp.

23C. DATE SIGNED

8-19-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

checked by Dr. H R Peters for Coronary Thrombosis
Sol Smith M. H R Peters 009873 1 7 937

MEDICAL CERTIFICATION

133
27th
June 5 1908
C. O. 1. 0. 0

7-350
51 7333BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7333

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

JAMES E TATUM

2. DATE
OF
DEATH

Aug. 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2032 Hollins St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Ret'd Supt. of Labor

B & O. R. R. Co.

13. FATHER'S NAME

Daniel Tatum

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Henry Bittorf 2212 Elmore Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1950 to Aug 21, 1951, that I last saw the
deceased alive on Aug 20, 1951, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

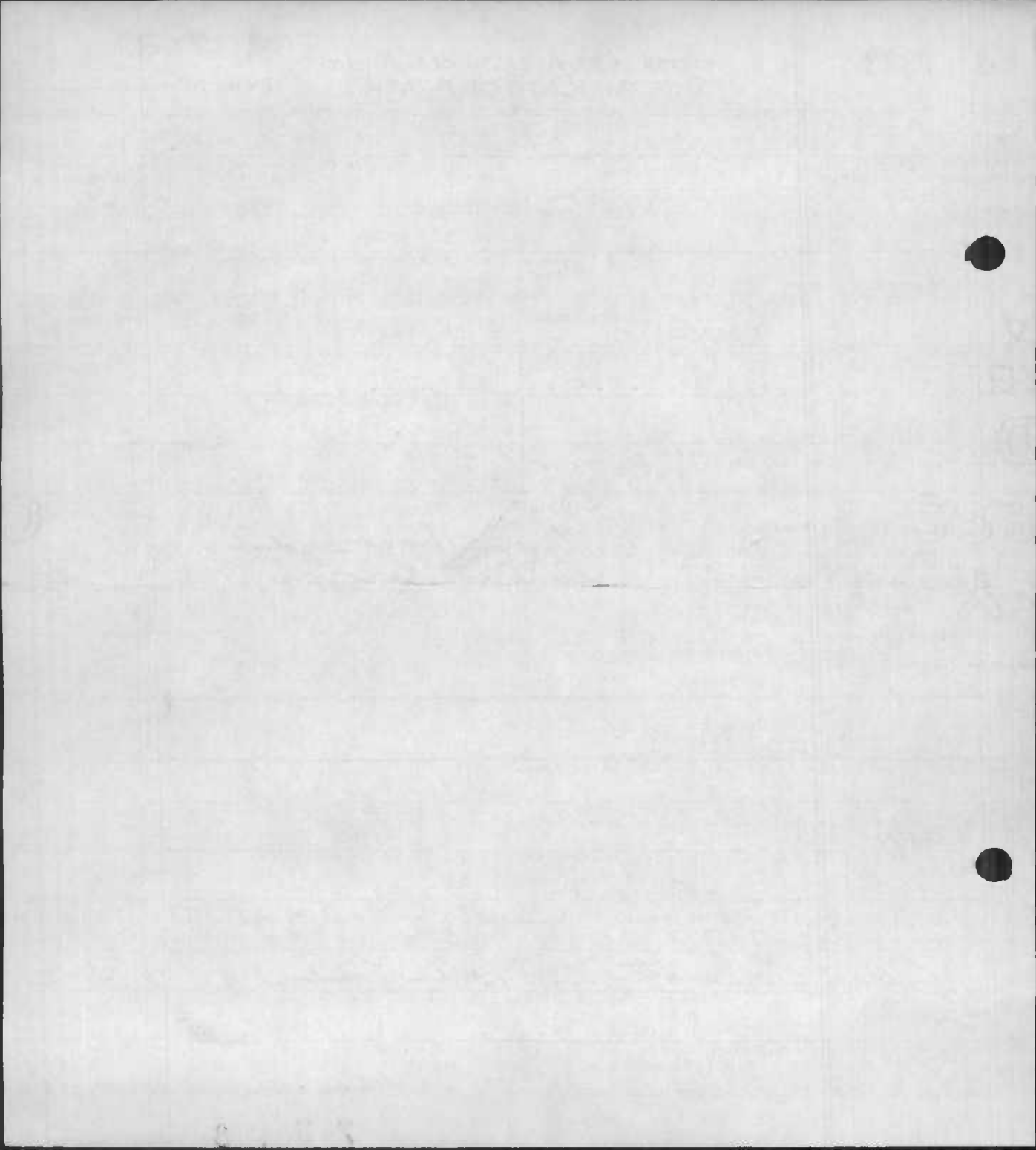
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



51 7334

51 7334

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. B-200

1. NAME OF DECEASED
(Type or Print)

Carrie May Busch

2. DATE
OF
DEATH

Aug. 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1112 East 36th St.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Aug. 1, 1868

9. AGE (in years
last birthday)

83

If Under 1 Year
Months: Days

10

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Examiner

10B. KIND OF BUSINESS OR
INDUSTRY

Strouse-Baer Co.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Davidson

14. MOTHER'S MAIDEN NAME

Gerner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL
SECURITY NO.

210-01-2001

17. INFORMANT

ADDRESS

Mary Hant, 1112 E. 36th St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Arteriosclerotic Cardio-
Vascular Disease with
Cardiac Decompensation

2 yrs.

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1949 to Aug. 1951, that I last saw the
deceased alive on Aug. 18, 1951, and that death occurred at 6 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Wm. H. Kammer, M.D.

501 Sheridan Ave.

Aug. 22, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

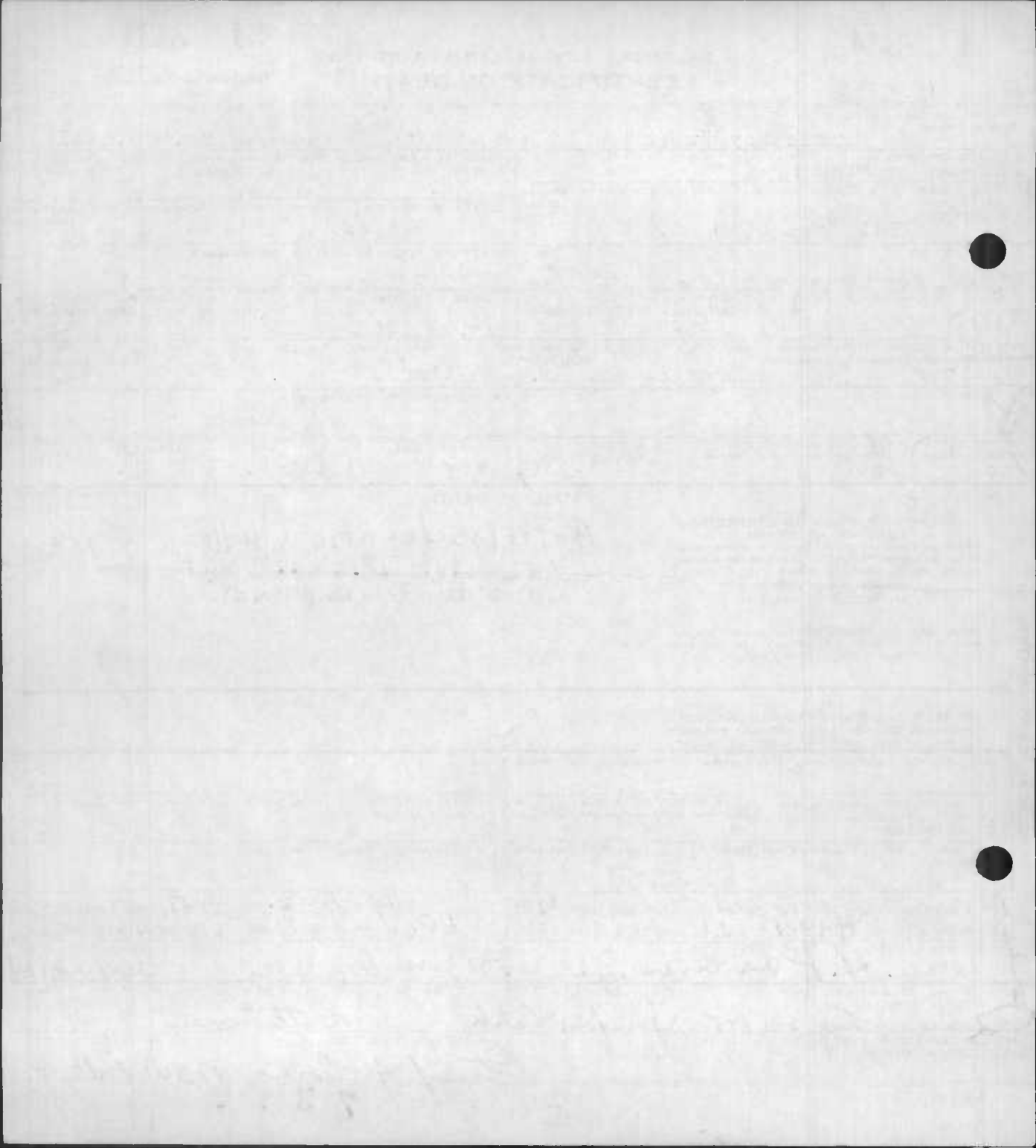
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



51 7335

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7335

Registered No.

BIRTH NO. 9-660

1. NAME OF DECEASED
(Type or Print)

Clara Greer

2. DATE
OF
DEATH

8-20-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

Essex St

D. STREET ADDRESS (If rural, give location)

27 Rockway Ave

Rockway

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

3-15-1885

9. AGE (In years
last birthday)

66

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

H.W.

11. BIRTHPLACE (State or foreign country)

Mich

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Crump.

14. MOTHER'S MAIDEN NAME

Bayne

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Daughter

18. 159X 1 and 760X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Gen. Carcinomatosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) CA of G.I. Tract

DUE TO Diabetes Mellitus

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from 7-17-1951 to 7-20-1951, that I last saw the
deceased alive on 7-20-1951, and that death occurred at 3:00 PM, from the causes and on the date stated above.

23A. SIGNATURE

E. W. Watson

23B. ADDRESS

M. D.

University Hosp.

23C. DATE SIGNED

8-20-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

8-23-51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

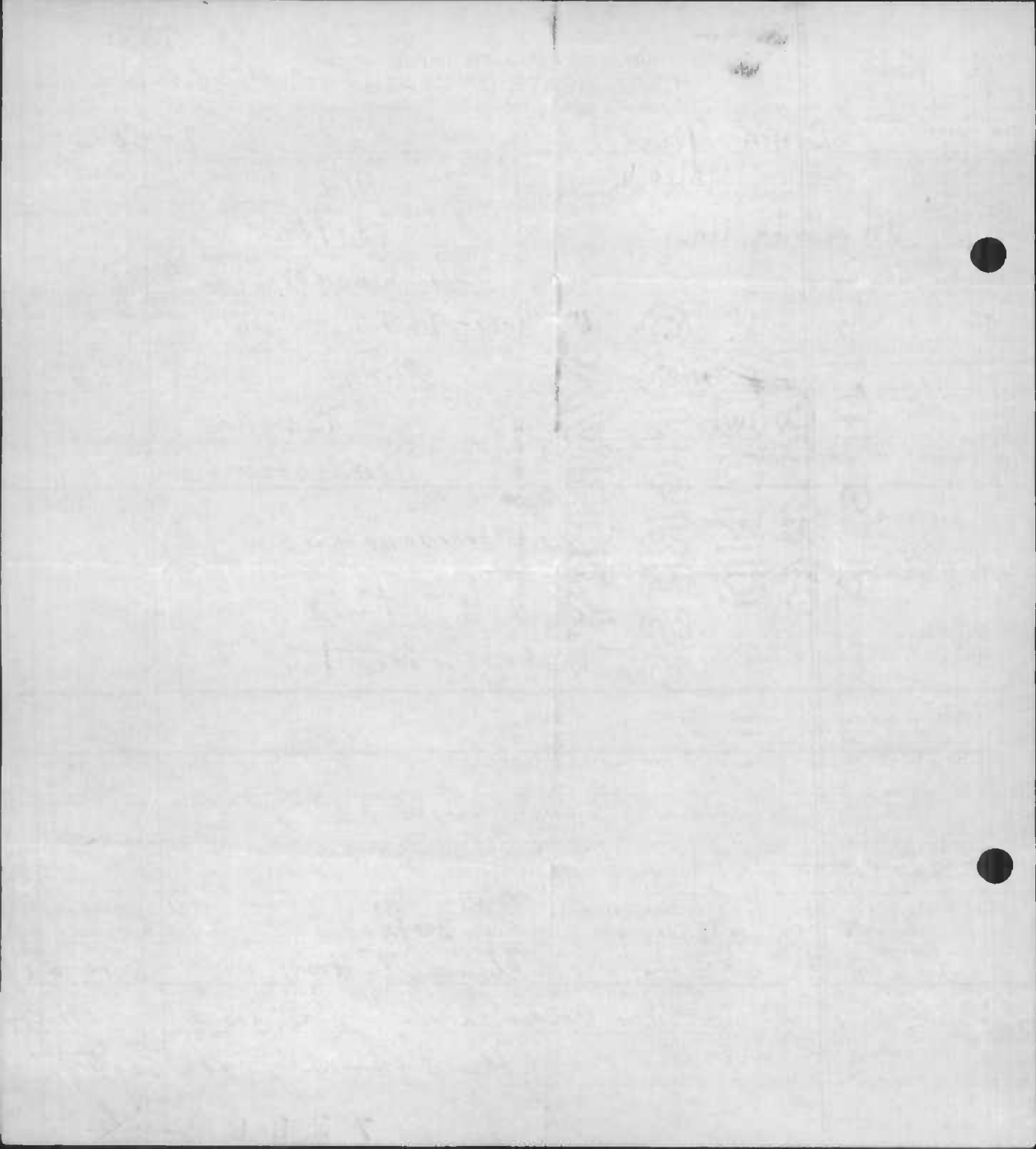
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John S. Connolly - 418 Eastern



51 7336

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7336

Registered No.

BIRTH NO. K-612

1. NAME OF DECEASED
(Type or Print)

HARRY B. KREBS, SR.

2. DATE
OF
DEATH

8/20/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

LUTHERAN HOSP.

C. Length of stay in Baltimore

51

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired)

GROCCER

10B. KIND OF BUSINESS OR INDUSTRY

GROCERY

13. FATHER'S NAME

Louis KREBS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or on knowo) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

-

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

MD.

BALTO

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

RANDALLSTOWN 5200

D. STREET ADDRESS (If rural, give location)

McDonough Rd, Randallstown Md.

8. DATE OF BIRTH

Dec. 11, 1898

9. AGE (In years last birthday)

52

11 Under 1 Year Months: Days Hours: Min.

7 21

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

MARGARET GABLE

17. INFORMANT

ADDRESS

HARRY KREBS JR.

Baltimore

18. 193X

CAUSE OF DEATH

2116 Northland Rd

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

BOBAIN TUMOR

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2 months + 45

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

8/20/51

19B. MAJOR FINDINGS OF OPERATION

BRAIN TUMOR, RT. TEMP. LOBE

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1951, to Aug 20, 1951, that I last saw the deceased alive on Aug 20, 1951, and that death occurred at 5 P. m., from the causes and on the date stated above.

23A. SIGNATURE

William O. Barnett

M. D.

23B. ADDRESS

Lutheran Hosp. of Md.

23C. DATE SIGNED

Aug 20, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

8-23-51

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

24D. LOCATION (City, town, or county)

Balto Co Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 22 1951

VS 150

29054 0 732 157D

George J. Rath Inc
1735 Hanford St

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF AGRICULTURE
STANDARD REPORT FORM NO. 1

Form No. 1 (Revised 1-15-60)

Page No.

Date

Time

Place

Weather

Wind

Temp

Humidity

Pressure

Clouds

Visibility

Soil

Water

Plants

Animals

People

Other

Remarks

Signature

Title

Organization

Address

City

State

Zip

Phone

Telex

Radio

Mail

Transportation

Accommodation

Food

Medical

Religious

Recreation

Education

Health

Security

Law

Government

Industry

Commerce

Transportation

MD-151460 51 7337
S-163

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7337

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Fredrick Seibert

2. DATE
OF
DEATH

8/21/51

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Baltimore City Hospitals
4940 Eastern Avenue

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 11, 1881

9. AGE (in years
last birthday)

70

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Hackster

10B. KIND OF BUSINESS OR
INDUSTRY

Own

13. FATHER'S NAME

Henry Seibert

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Mary Holland

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

218-14-4953A

17. INFORMANT

ADDRESS

B.C.H. Records

4940 Eastern Avenue

18. 443X, and 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cardiac Failure

DUE TO

1 Week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerosis and Hypertensive
Heart Disease

DUE TO

6 Years

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

II. Pulmonary Tuberculosis

1 Year

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒

NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

22. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/19/51, 19 to 8/21/51, 19, that I last saw the
deceased alive on 8/21/51, 19, and that death occurred at 3:05 P.M., from the causes and on the date stated above.

23A. SIGNATURE

R.S. Seibert

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VALLEY

CHURCH

1910

CHURCH

1910

48-16876

51 7338

51 7338

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Patricia Ann Davis

2. DATE
OF
DEATH

Aug. 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE
MarylandB. COUNTY
BaltimoreB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

SINAI Hosp

C. CITY OR TOWN. (If outside corporate limits, write RURAL and give township)
Baltimore

C. Length of stay in Baltimore

3

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

5008 E. Oliver St. #5

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug. 5, 1948

9. AGE (In years
last birthday)

3

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John Davis

14. MOTHER'S MAIDEN NAME

Delia

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Delia Davis 5008 E. Oliver St.

18. 3754

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Mongolism

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Congenital heart disease
and/or sepsis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORKNOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1951 to June 1951, that I last saw the
deceased alive on 8-21, 1951, and that death occurred at 8:45 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Harold S. Farfel

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

8-21-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

157E

1271-15-104

Patricia Ann Davis

born 1940

1940

2002

1940

1940

1940

1940

1940

1940

1940

X

1940

1940

1940

1940

1940

1940

1940

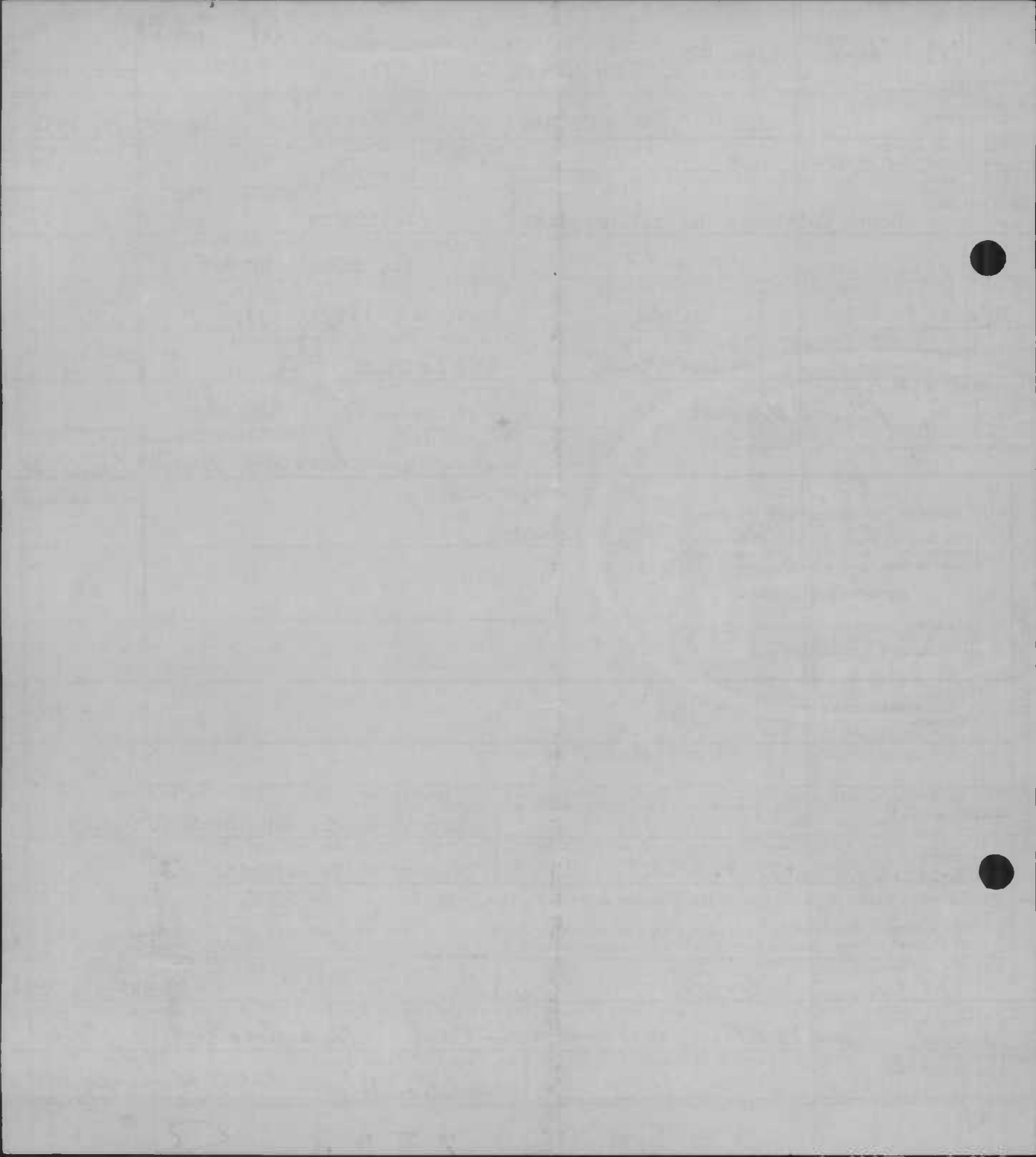
51 7339
B-255BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7339
Registered No.

BIRTH NO.		RUTH BUCHANAN		2. DATE OF DEATH August 19, 1951	
1. NAME OF DECEASED (Type or Print)		RUTH BUCHANAN		2. DATE OF DEATH August 19, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		D. STREET ADDRESS (If rural, give location) 114 McPhail Street	
C. Length of stay in Baltimore 10 yrs.		8. DATE OF BIRTH Jan. 24, 1940		9. AGE (In years last birthday) 11.	
5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Child	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY School Child		11. BIRTHPLACE (State or foreign country) Altoona Pa.	
13. FATHER'S NAME Guy Buchanan		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH Drowning		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Water		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Cornell Beach, Anne Arundel County	
21D. TIME (Month) (Day) (Year) (Hour) Aug. 19, 1951 4:00 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Drowned while swimming	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		23A. SIGNATURE William V. Boudt		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug 23, 1951		24C. NAME OF CEMETERY OR CREMATORY Meadowridge Park	
24D. LOCATION (City, town, or county) Washington Blvd.		24E. FUNERAL DIRECTOR Wendell J. Hippel		24F. ADDRESS 312 S. Highland Ave	
DATE RECEIVED BY LOCAL REGISTRAR AUG 22 1951		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	

N-980x

19510802324

183 ✓



51 7340

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7340

Registered No.

BIRTH NO. <u>S-530</u>		1. NAME OF DECEASED (Type or Print) <u>Patricia Lee Smith</u>		2. DATE OF DEATH <u>August 21, 1951</u>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <u>Va.</u> B. COUNTY <u>V-43</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Lynchburg</u>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>1045 Wards St</u>		5. SEX <u>Female</u> 6. COLOR OR RACE <u>White</u>	
c. Length of stay in Baltimore <u>24</u> Days		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>2-5-47</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>4</u>	
13. FATHER'S NAME <u>Leslie L. Smith</u>		11. BIRTHPLACE (State or foreign country) <u>Lynchburg, Va.</u>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <u>Elizabeth Turner</u>	
		17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>		ADDRESS	

18. <u>204.01</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <u>6 wks.</u>	
(A) <u>Acute lymphatic leukemia</u>		DUE TO			
ANTECEDENT CAUSES		(B) <u>—</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C) <u>—</u>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <u>7-27-51</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from 7-27-51, to 8-21-51, that I last saw the deceased alive on 8-21-51, and that death occurred at 3:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE <u>David J. Sparking</u>		23b. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23c. DATE SIGNED <u>8-22-51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Aug. 23, 1951</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Lynchburg, VA.</u>	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR <u>John O. Mitchell Sons</u>		ADDRESS <u>1900 Cutaw Place</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>AUG 22 1951</u>		REGISTRAR'S SIGNATURE <u>John O. Mitchell</u>			

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JOINT CHIEFS OF STAFF
WASHINGTON, D.C.

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51 7341

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

W-252

1. NAME OF DECEASED
(Type or Print)

Joseph Messenger

2. DATE
OF
DEATH

Aug 20 - 55

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1133 Argyle Ave

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday) If Under 1 Year
Months Days If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Diabetes mellitus

DUE TO

3 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arterio sclerosis

DUE TO

L was

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Nov 20 - 48, to 8-20-55, that I last saw the
deceased alive on Aug 19 - 55, and that death occurred at 6 a. m., from the causes and on the date stated above.

23A. SIGNATURE

J. N. Cardozo

M. D.

23B. ADDRESS

1524 W. 1st Ave

23C. DATE SIGNED

8-22-55

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

8/23/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

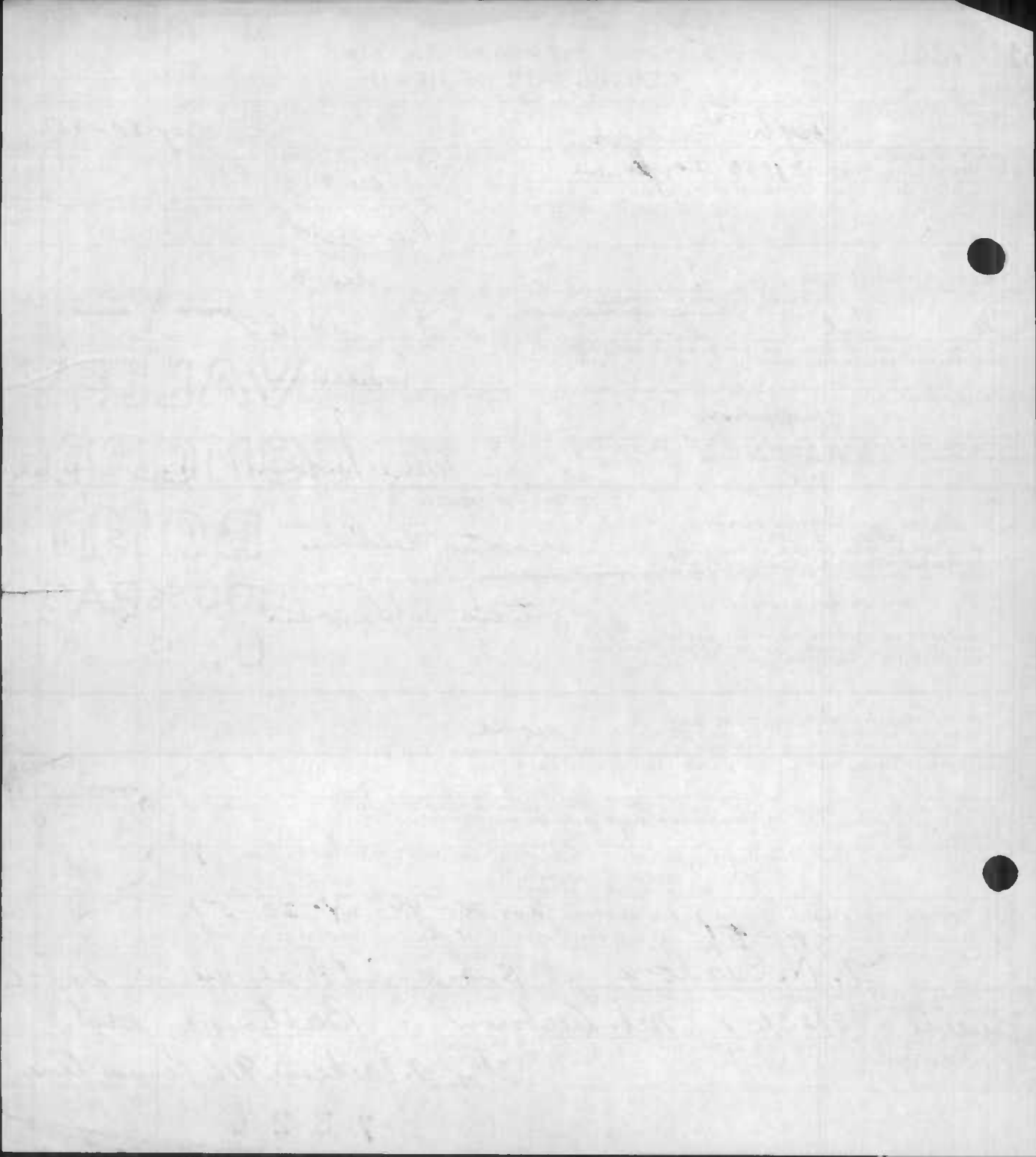
25. FUNERAL DIRECTOR

ADDRESS

AUG 22 1951

[Signature]

Wm. A. Jackson 916 Penna. Ave.



51 7342

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7342

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GUY M. MAYHEW

2. DATE
OF
DEATH August 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

228 N. High Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Feb. 6, 1912

9. AGE (in years,
last birthday)

39 y. x.

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Attendant - Filling Station

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Mercer County, West Va.

12. CITIZEN OF
WHAT COUNTRY

13. FATHER'S NAME

Wesley Mayhew

14. MOTHER'S MAIDEN NAME

Ocie Corner

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

W.W. # 2

16. SOCIAL
SECURITY NO.

236-09-9203

17. INFORMANT

ADDRESS

Wesley B. Mayhew, Amonat, Virginia

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)(A) Internal hemorrhage
DUE TO bleeding duodenal ulcer

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
m. WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

Stanley H. Durlacher M.D.

23B. CHIEF MEDICAL EXAMINER
ASSISTANT MEDICAL EXAMINER
MEDICAL INVESTIGATOR23C. DATE SIGNED
August 21, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

removal

24B. DATE

8/23/51

24C. NAME OF CEMETERY OR CREMATORY

Maple Hill Cemetery

24D. LOCATION (City, town, or county) (State)

Bluefield,

Virginia

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 22 1951

Wm. Cook, Inc.

1217 St. Paul Street

1217 St. Paul Street

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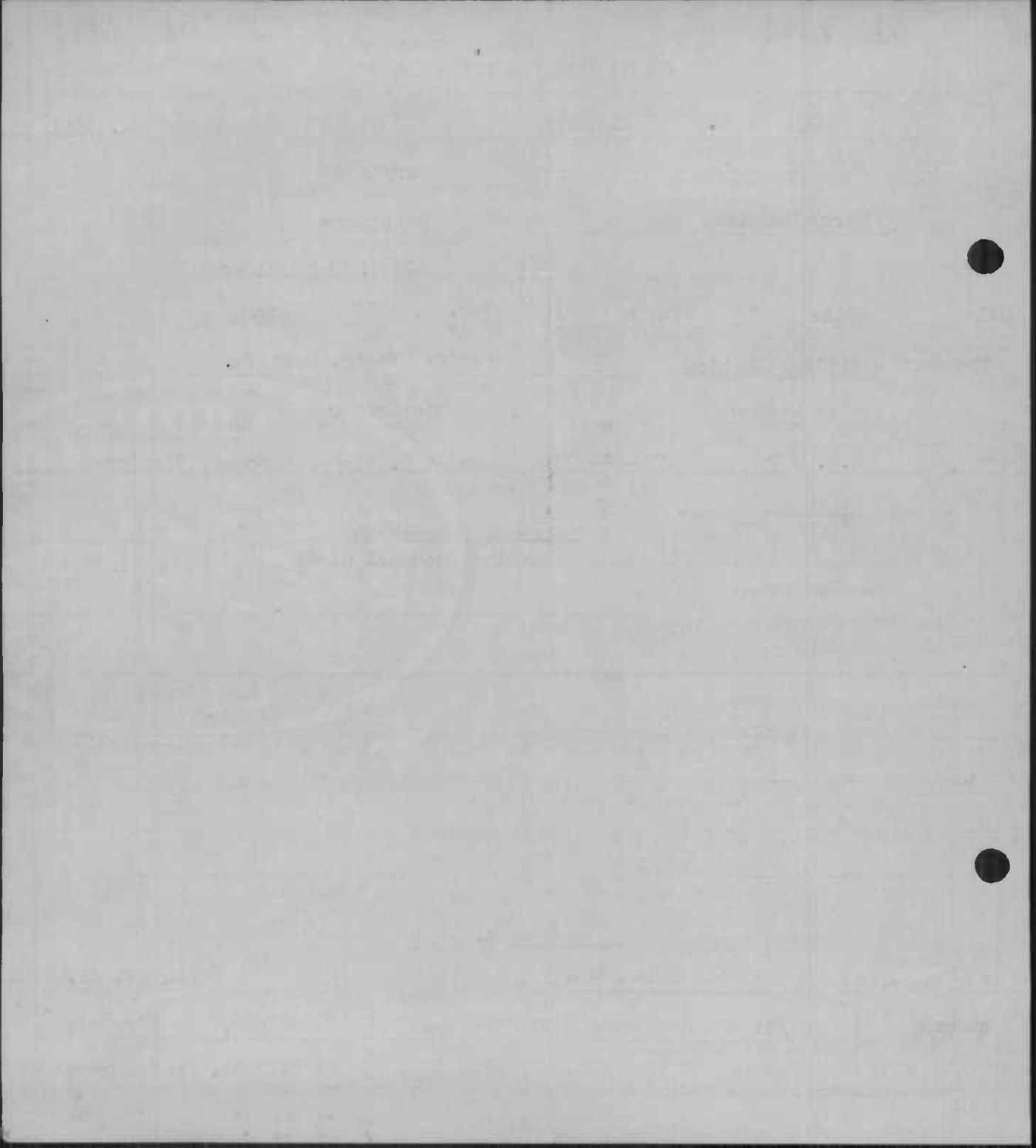
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MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 7343**

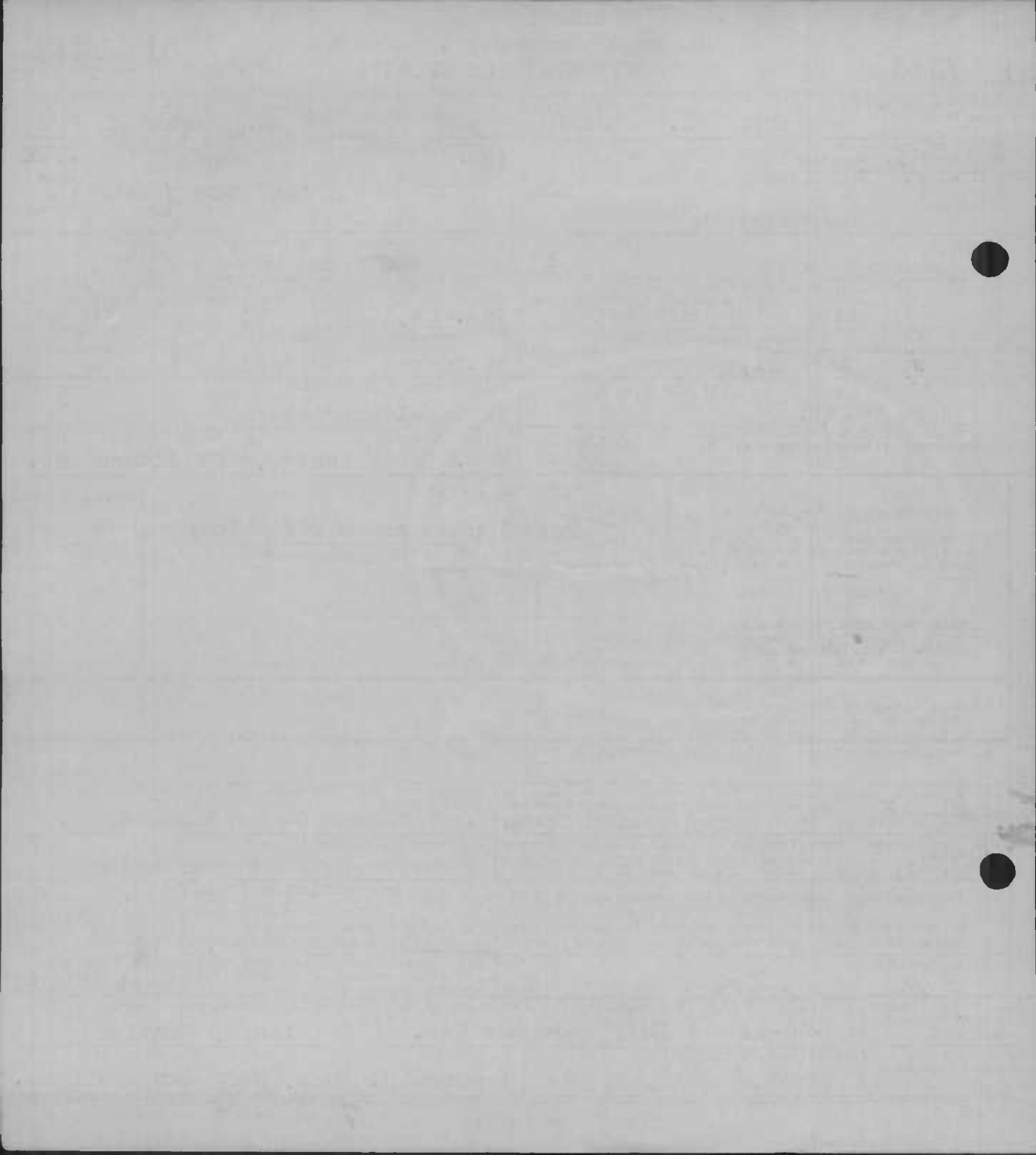
1. NAME OF DECEASED (Type or Print) CARL L. ONESTI		2. DATE OF DEATH August 22, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Marine Hospital		C. CITY OR TOWN (If outside corporate limits, write full name of city, town, or township) Baltimore	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 4807 Althea Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Aug. 24, 1929
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Edgewood Arsenal		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 21
13. FATHER'S NAME Joseph Onesti		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Marie Giannerini	
17. INFORMANT Mrs. Marie Onesti		ADDRESS 4807 Althea Ave.	

18. E916.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Third degree burns of 80% of body		INTERVAL BETWEEN ONSET AND DEATH
(A) Third degree burns of 80% of body		
(B)		
(C)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Army Chemical Center		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Army Chemical Center, Edgewood, Md.	
21D. TIME (Month) (Day) (Year) (Hour) Aug. 21, 1951 1:30 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Burned when flame thrower exploded	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William W. Brody</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED August 22, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8-25-51		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	
24D. LOCATION (City, town, or county) Baltimore, Maryland		25. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Road.			

DATE RECEIVED BY LOCAL REGISTRAR **AUG 23 1951** REGISTRAR'S SIGNATURE *William W. Brody*

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7344
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Rita S. Neff</i>		2. DATE OF DEATH <i>Aug. 20-1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY <i>Maryland</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1750 Montpelier</i>		C. CITY OR TOWN (If outside corporate limits write RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1750 Montpelier Street</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Oct. 13-1874</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>76</i>
13. FATHER'S NAME <i>David Legoli</i>		11. BIRTHPLACE (State or foreign country) <i>Glasgow Scotland</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Margaret Stuart</i>	
17. INFORMANT <i>Wm. N.S. Neff</i>		ADDRESS <i>1750 Montpelier</i>	

18. <i>157 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of Pancreas, Metastatic</i>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (A)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)		
DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>7/17/51</i>		19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma of Pancreas</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July 8</i> , 1951, to <i>Aug 20</i> , 1951, that I last saw the deceased alive on <i>Aug 19</i> , 1951, and that death occurred at <i>12:20</i> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Albert Subitichy</i>		23B. ADDRESS <i>2217 South Rd.</i>		23C. DATE SIGNED <i>Aug 21, 1951</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>8-23-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>	
24D. LOCATION (City, town, or county) <i>Baltimore Md.</i>		24E. LOCATION (City, town, or county) (State)			
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 23 1951</i>		REGISTRAR'S SIGNATURE <i>John Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>L. Luck</i>	
				ADDRESS <i>5305 Harford Rd.</i>	

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MEDICAL CERTIFICATION

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51 7345BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7345

BIRTH NO.		1. NAME OF DECEASED (Type or Print) PHILLIP P. THEISS		2. DATE OF DEATH Aug. 21, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 3421 E. Lombard Street		C. CITY OR TOWN (If outside corporate limits write RURAL and give township) Baltimore 26-08			
C. Length of stay in Baltimore 63 yrs		D. STREET ADDRESS (If rural, give location) 3421 E. Lombard Street			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 22, 1871	9. AGE (In years last birthday) 80	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher		10B. KIND OF BUSINESS OR INDUSTRY Meat Packing Co.		11. BIRTHPLACE (State or foreign country) Germany	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME William Theiss		14. MOTHER'S MAIDEN NAME Katherine Hood	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 212-12-9928		17. INFORMANT 3421 E. Lombard Street Mrs. Julie Theiss	
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Haemorrhage (A) QUE TO ANTECEDENT CAUSES (B) QUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) QUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Cerebral Haemorrhage Fely 13-1951 to Aug. 21-1951		INTERVAL BETWEEN ONSET AND DEATH Fely 13-1951 to Aug. 21-1951	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Fely 13-1951 to Aug 21, 1951, that I last saw the deceased alive on Aug 20, 1951 and that death occurred at 11 P. m., from the causes and on the date stated above.					
23A. SIGNATURE Deleen E. Beatham		23B. ADDRESS 3139 E. Baltimore St		23C. DATE SIGNED 8-22-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 8/25/51		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR AUG 23 1951		24F. REGISTRAR'S SIGNATURE Walter G. Williams, M.D.	
24G. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.		24H. ADDRESS BALTO. 13, MD.		24I. SIGNATURE Henry P. Sander	

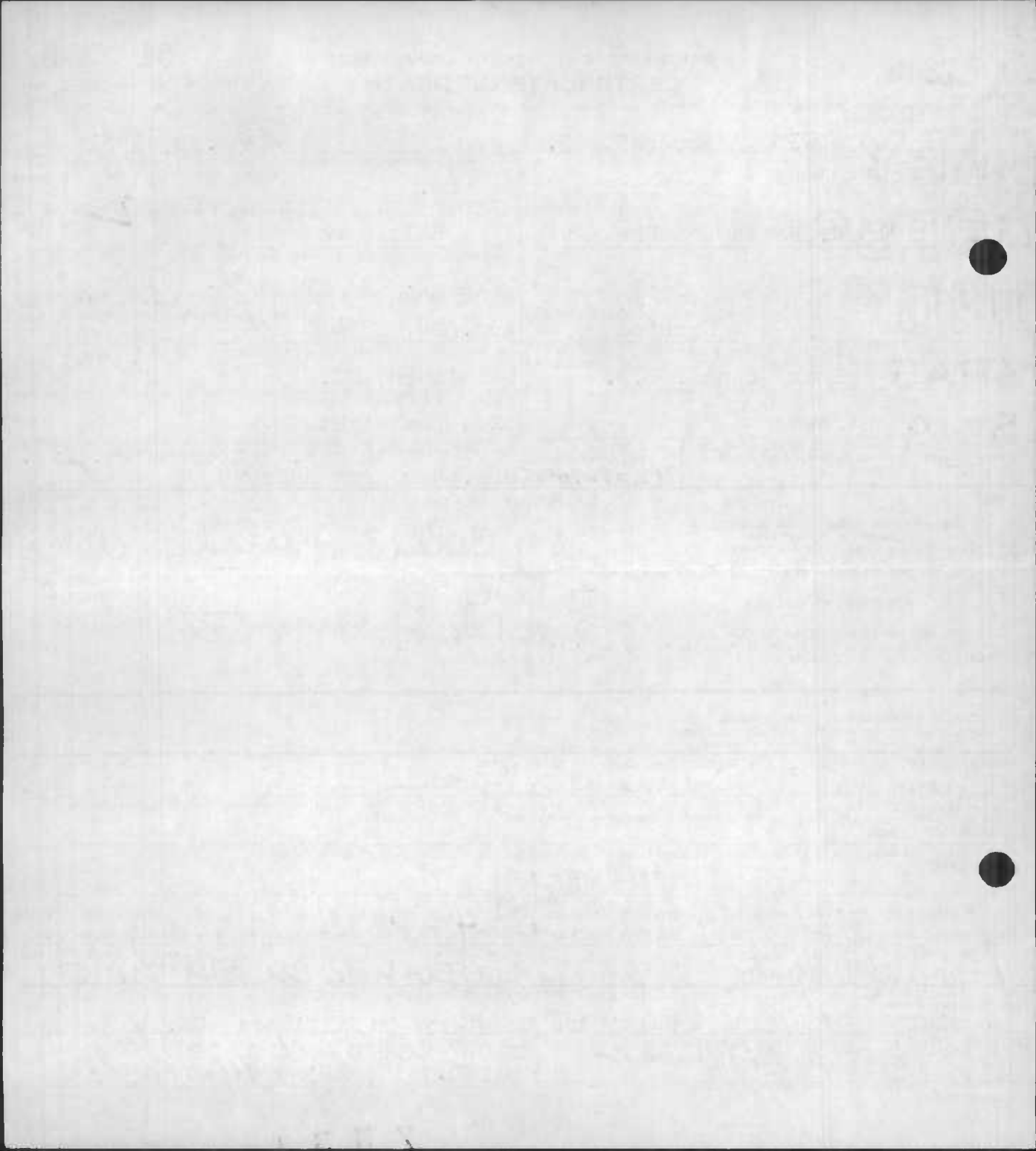
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51 7346BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7346
Registered No.

1. NAME OF DECEASED (Type or Print) EDWIN A ANDREWS, SR.		2. DATE OF DEATH Aug. 20, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1918 N. Patterson Park Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 1918 N. Patterson Pk. Avenue	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 24, 1894
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist helper		10B. KIND OF BUSINESS OR INDUSTRY Penna. R.R.	9. AGE (In years last birthday) 56
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Harry F. Andrews		14. MOTHER'S MAIDEN NAME Ida Lambright	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 712-07-7095	
17. INFORMANT Mrs. Margaret Andrews		18. CAUSE OF DEATH C7 Colonic Metastasis to liver Cachexia, maintenance	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH approx 6 mo?	
19A. DATE OF OPERATION June 1951		19B. MAJOR FINDINGS OF OPERATION Same as above	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
22. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		23. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
24. TIME (Month) (Day) (Year) (Hour) INJURY		25. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
26. HOW DID INJURY OCCUR?		27. I hereby certify that I attended the deceased from 8/19/51 to 8/20/51 , 19 51 , that I last saw the deceased alive on 8/20 , 19 51 , and that death occurred at 4:00 P.M. from the causes and on the date stated above.	
28. SIGNATURE Donald W. White		29. ADDRESS 3009 Evergreen Ave Baltimore, Md.	
30. DATE 8/23/51		31. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
32. LOCATION (City, town, or county) (State) Baltimore, Md.		33. DATE RECEIVED BY LOCAL REGISTRAR AUG 23 1951	
34. REGISTRAR'S SIGNATURE William M. Williams, M.D.		35. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.	
36. ADDRESS BALTO., 13, MD		37. SIGNATURE Henry J. Sander	

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1 7347BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7347

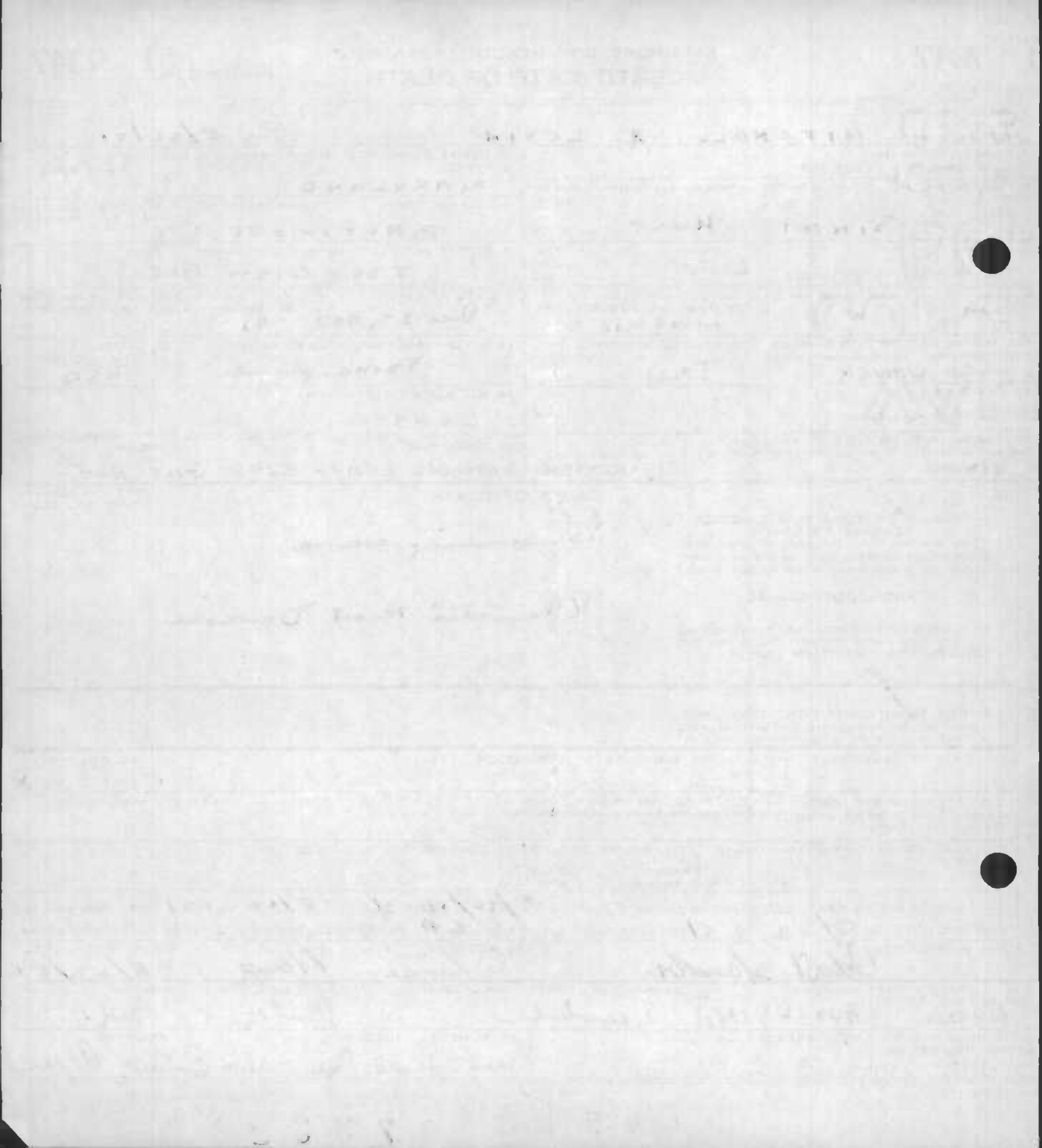
BIRTH NO.

1. NAME OF DECEASED (Type or Print) ABRAHAM MITCHELL X LEVIN		2. DATE OF DEATH 8/22/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE MARYLAND B. COUNTY 19 before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) SINAI HOSP		C. CITY OR TOWN (If outside corporate limits, write B.U.A., and give BALTIMORE 27-1 township)	
D. Length of stay in Baltimore LIFE Yrs. Mos. Days		E. STREET ADDRESS (If rural, give location) 3348 GIST AVE	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Dec 25, 1908
9. AGE (In years last birthday) 41		10. CITIZEN OF WHAT COUNTRY? USA	
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME David		14. MOTHER'S MAIDEN NAME LEVIN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 213-10-9906	
17. INFORMANT GERTRAUDE LEVIN - 5348 GIST AVE		ADDRESS 5348 GIST AVE	
18. 416X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Bronchopneumonia DUE TO (B) Rheumatic Heart Disease DUE TO (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 8/20/51		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8/20/51 to 8/22 , 1951, that I last saw the deceased alive on 8/22 , 1951 and that death occurred at 6 A m., from the causes and on the date stated above.			
23A. SIGNATURE Robert Sandell		23B. ADDRESS SINAI HOSP	
23C. DATE SIGNED 8/22/51			
24A. BURIAL, CREMA- TION, REMOVAL (Specify) BURIAL		24B. DATE AUG 23, 1951	
24C. NAME OF CEMETERY OR CREMATORY ROSEDALE		24D. LOCATION (City, town, or county) BALTIMORE Md.	
DATE RECEIVED BY LOCAL REGISTRAR AUG 23 1951		REGISTRAR'S SIGNATURE John Williams	
25. FUNERAL DIRECTOR Jack Lewis Inc - 2100 Eutaw Place		ADDRESS	

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51 7348BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7348
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Ida Snyder</i>		2. DATE OF DEATH <i>Aug. 22, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>2237 N. Monroe St</i>		C. CITY OR TOWN (If outside corporate limits, with RURAL and give township) <i>Balto</i>	
c. Length of stay in Baltimore <i>47</i>		D. STREET ADDRESS (If rural, give location) <i>2237 N. Monroe St</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>70</i>
13. FATHER'S NAME <i>Not Known</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		14. MOTHER'S MAIDEN NAME <i>Not Known</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Mrs. E. Erlich - 5719 Harwood Ave</i>	
18. <i>331X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Hemorrhage</i> CAUSE OF DEATH (A) DUE TO <i>Hypertension</i> (B) DUE TO <i>Atherosclerosis</i> (C) INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>June</i> , 19 <i>40</i> , to <i>Aug 22</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Aug 22</i> , 19 <i>51</i> , and that death occurred at <i>3:40 P.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Samuel J. Achewsky</i>		23B. ADDRESS <i>2320 Eastern Blane</i>	
23C. DATE SIGNED <i>8-23-51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Aug 23, 1951</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Herring Run</i>		24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 23 1951</i>		25. FUNERAL DIRECTOR ADDRESS <i>Jack Lewis Inc - 2100 Eastern Pl</i>	

MEDICAL CERTIFICATION

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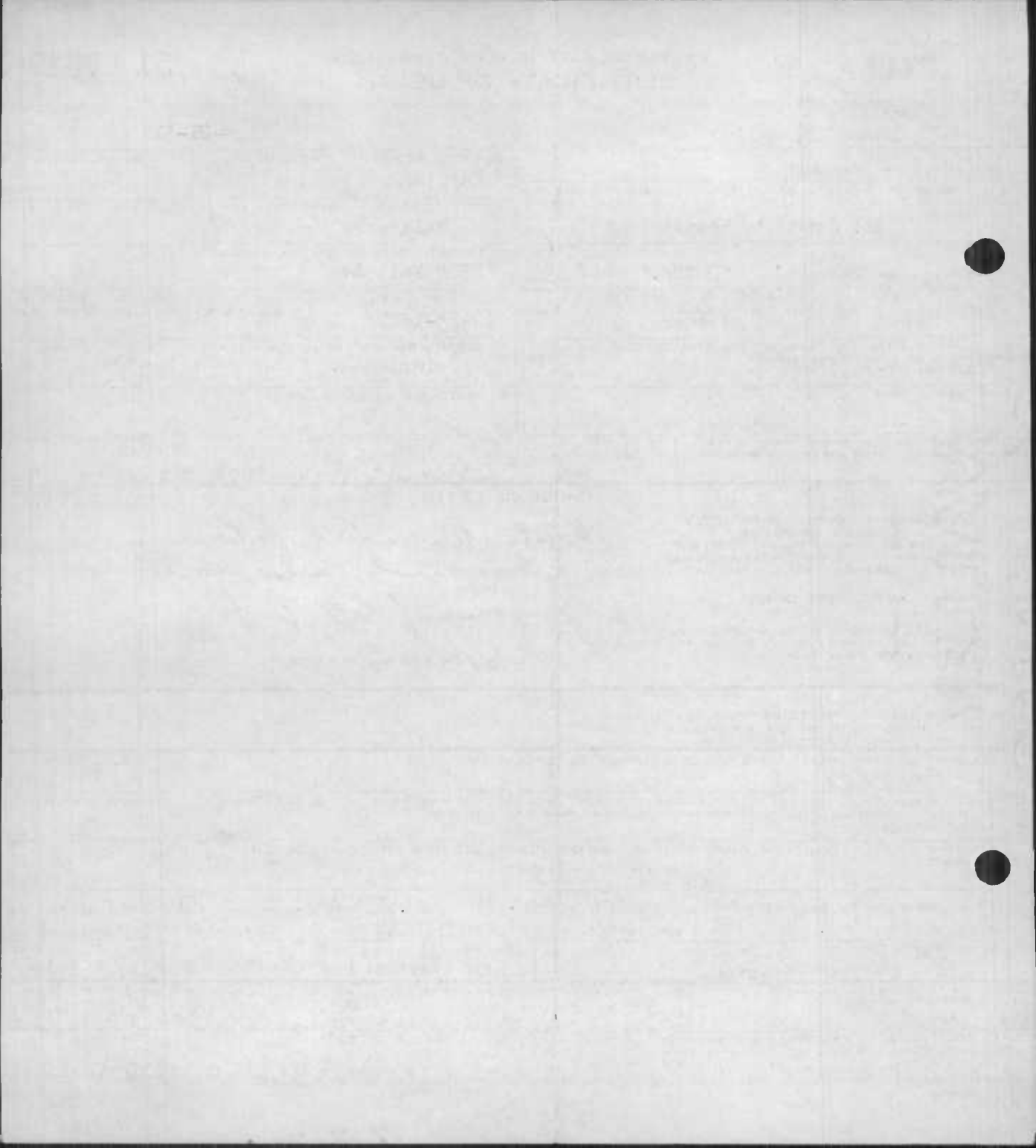
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51 7349BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7349

BIRTH NO.		1. NAME OF DECEASED (Type or Print) NANBOCKI, Walter		2. DATE OF DEATH 8-21-51	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY			
b. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore 50 Yrs.		d. STREET ADDRESS (If rural, give location) 2525 Falt Ave			
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widower	8. DATE OF BIRTH 12-25-1881	9. AGE (In years last birthday) 70	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker-retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Poland	
13. FATHER'S NAME ? PAUL		14. MOTHER'S MAIDEN NAME ?		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Anthony J. Nanrocki 2525 Falt Ave	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute myocardial failure Antecedent causes: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) Chronic obstructive cardio vas. D. (B) Gangrene of left foot (C) Arterio-sclerosis		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 8/13/51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug. 10 , 19 51 , to Aug. 21 , 19 51 , that I last saw the deceased alive on Aug. 20 , 19 51 , and that death occurred at 4:30 AM from the causes and on the date stated above.					
23A. SIGNATURE St. Louis Keyblaw		23B. ADDRESS St. Joseph's Hospital		23C. DATE SIGNED 8/21/1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8-24-1951		24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus Dundalk Ave. Md	
24D. LOCATION (City, town, or county) (State) Baltimore, Md		25. FUNERAL DIRECTOR John J. Wuda, Inc.		ADDRESS 2129 Hudson	

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

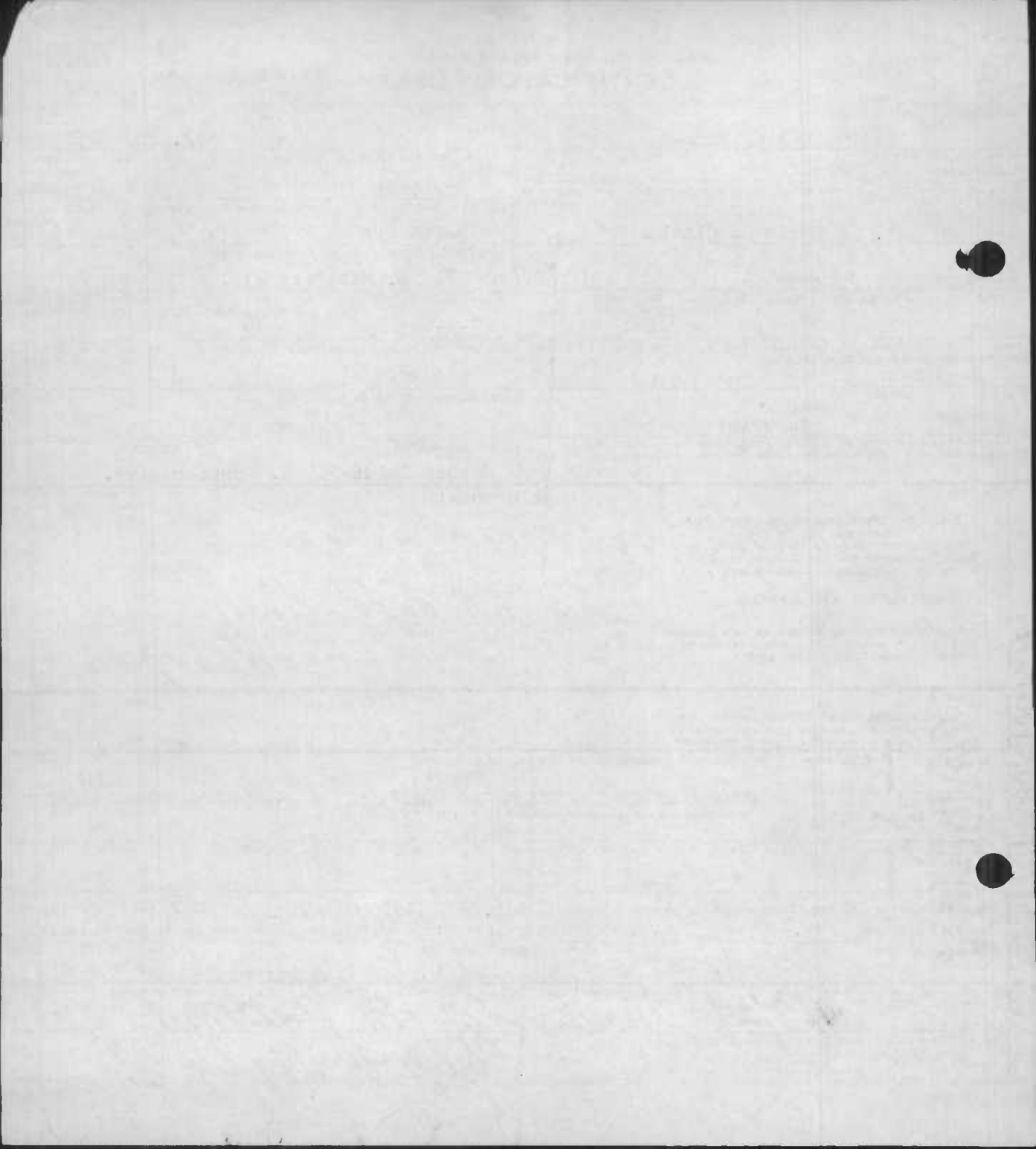
51 7350
Registered No.

1. NAME OF DECEASED (Type or Print) <u>REIDT, Lester Ernest</u>		2. DATE OF DEATH <u>Aug. 22, 1951</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>7-02</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
C. Length of stay in Baltimore <u>Life</u>		D. STREET ADDRESS (If rural, give location) <u>719 N. Montford Ave.</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-4-04</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Unemployed</u>	9. AGE (In years last birthday) <u>46</u>
13. FATHER'S NAME <u>unknown</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		12. CITIZEN OF WHAT COUNTRY? <u>no</u>	
16. SOCIAL SECURITY NO. <u>no</u>		14. MOTHER'S MAIDEN NAME <u>unknown</u>	
17. INFORMANT <u>Jessie Reidt-719 N. Montford Ave.</u>		ADDRESS <u>Jessie Reidt-719 N. Montford Ave.</u>	

18. <u>162X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Carcinomatosis</u> DUE TO <u>Ca of left lung</u> DUE TO <u>bronchogenic</u>	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <u>8/25/51</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>Aug. 21</u> , 19 <u>51</u> , to <u>Aug. 22</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Aug. 22</u> , 19 <u>51</u> and that death occurred at <u>4:15 pm</u> from the causes and on the date stated above.				
23A. SIGNATURE <u>[Signature]</u>		23B. ADDRESS <u>1400 N. Caroline Street</u>		23C. DATE SIGNED <u>8-22-51</u>

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>8/25/51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Mount Pleasant</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>AUG 23 1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR <u>Philip Hennington</u>



450
7351BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7351
Registered No.

1. NAME OF DECEASED (Type or Print) THOMAS H. SLOANE			2. DATE OF DEATH 8/22/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland 3612 Sixth Street			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits write RURAL and give township) Baltimore		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 3612 Sixth Street		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 8/28/1876		9. AGE (in years last birthday) 74
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10B. KIND OF BUSINESS OR INDUSTRY U.S. Navy Yard		11. BIRTHPLACE (State or foreign country) Boston, Mass.	
13. FATHER'S NAME Unknown			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes			16. SOCIAL SECURITY NO.		
17. INFORMANT Family-Same			ADDRESS		

18. 470.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) atherosclerosis - myocardial coronary thrombosis atherosclerosis		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 8-20-51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 20 - 1951 , to 1951 , that I last saw the deceased alive on 8-20-51 , 19 51 , and that death occurred at 3:45 pm , from the causes and on the date stated above.					
23A. SIGNATURE Engene Schuch		23B. ADDRESS M. D.		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) B		24B. DATE 8/24/51		24C. NAME OF CEMETERY OR CREMATORY Arlington National	
24D. LOCATION (City, town, or county) Washington, D.C.		24E. LOCAL REGISTRAR'S SIGNATURE James L. Williams		24F. FUNERAL DIRECTOR'S ADDRESS - 130 E. Fort Ave.	

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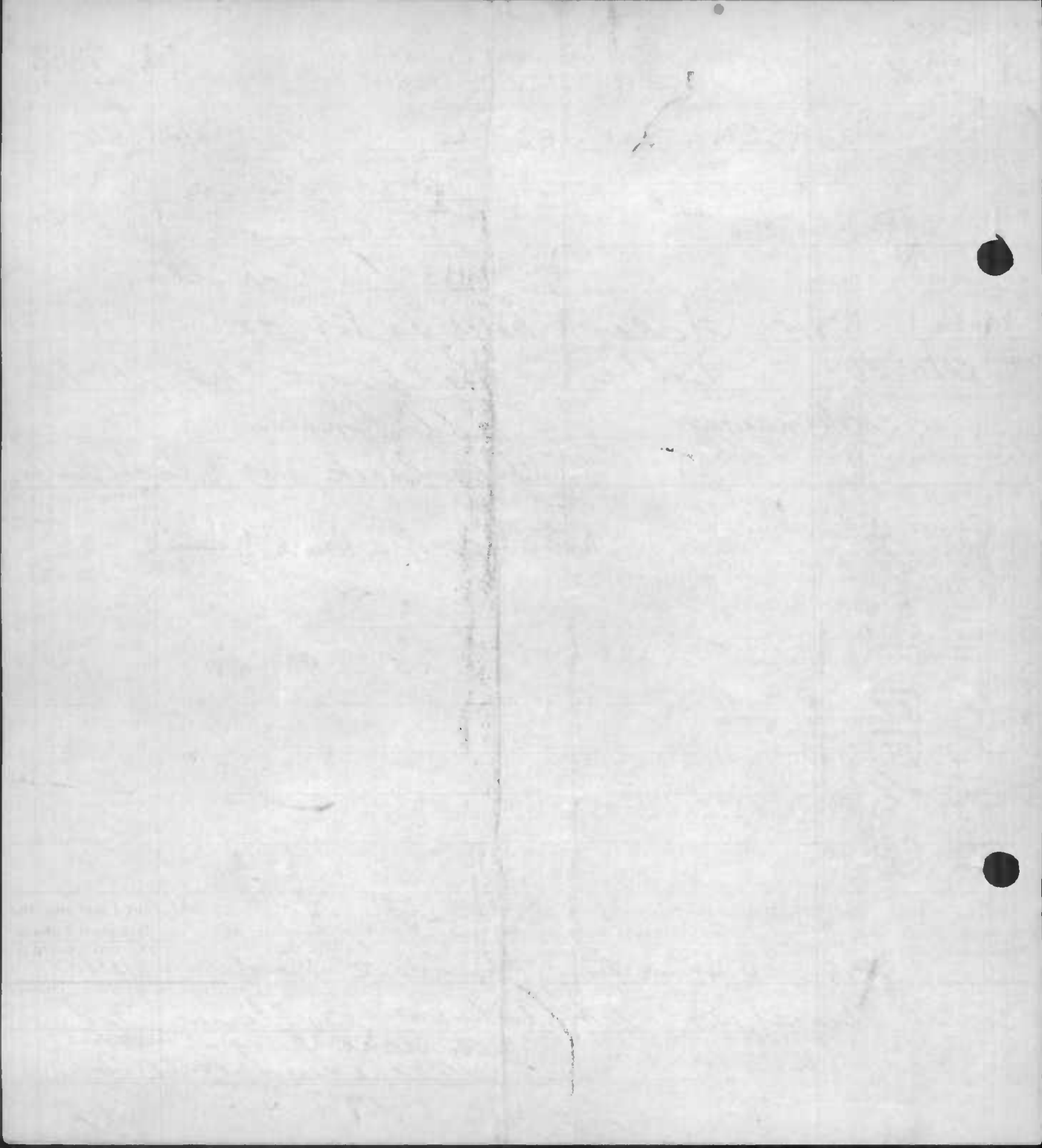
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51 7352

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7352
Registered No.

1. NAME OF DECEASED (Type or Print) GREEN, SAMUEL C.		2. DATE OF DEATH 8/21/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident		C. CITY OR TOWN (If outside corporate limits, give full name and give township) Baltimore 16-01	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1139 N. Carrollton	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH March 22, 1869
9. AGE (In years, last birthday) 82		10. Under 1 Year: Months Days 11. Under 24 Hours: Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mailman		10B. KIND OF BUSINESS OR INDUSTRY Public	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Charles Black		ADDRESS 1139 N. Carrollton Ave.	

18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anteroselectic Heart Disease		CAUSE OF DEATH Anteroselectic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(A) DUE TO		(B) DUE TO	
(C) DUE TO		(D) DUE TO		(E) DUE TO	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/21 19 51 , to 8/21 19 51 , that I last saw the deceased alive on 8/21 19 51 , and that death occurred at 3:45 P.m., from the causes and on the date stated above.					
23A. SIGNATURE John H. Holmes III		23B. ADDRESS Provident Hosp.		23C. DATE/SIGNED 8/21/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug. 24, 1951		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. FUNERAL DIRECTOR W. H. H. Funeral Home		24F. ADDRESS 1651 Druid Hill Ave.	



132
51 7353BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7353

BIRTH NO.		2. DATE OF DEATH	
1. NAME OF DECEASED (Type or Print) ISABEL DAVIDS		Aug. 21, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 33rd & Charles St.		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 33rd & Charles St. Blackstone Apts.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 7, 1880
9. AGE (In years last birthday) 70		10. CITIZEN OF WHAT COUNTRY? USA	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		11. BIRTHPLACE (State or foreign country) Bournemouth, England	
13. FATHER'S NAME James Whiting		14. MOTHER'S MAIDEN NAME Eleanor ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mr. Robert Davids		ADDRESS Above	
18. 180X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Bronchopneumonia DUE TO (B) Squamous Carcinoma of Kidney Pelvis ? DUE TO (C)	
19A. DATE OF OPERATION July 1951		19B. MAJOR FINDINGS OF OPERATION As in 18-B	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar, 1951, to 21 Aug, 1951, that I last saw the deceased alive on 21 Aug, 1951, and that death occurred at 9:00 pm., from the causes and on the date stated above.			
23A. SIGNATURE Robert E. Thason, D.		23B. ADDRESS 9 E. Chase St.	
23C. DATE SIGNED 22 Aug '51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 8/24/51	
24C. NAME OF CEMETERY OR CREMATORY Greenmount Crematory		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR AUG 23 1951		REGISTRAR'S SIGNATURE Thurston Williams, M.D.	
25. FUNERAL DIRECTOR Wm. J. Tichner & Sons Inc		ADDRESS Balt. Md.	

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UNITED STATES GOVERNMENT
OFFICE OF THE SECRETARY OF THE ARMY

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51 7354
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7354
Registered No.

1. NAME OF DECEASED (Type or Print) JAMES STUART AIKEN			2. DATE OF DEATH August 22, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3709 Chesholme Road		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	B. DATE OF BIRTH Oct. 21, 1918		9. AGE (In years last birthday) 32
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant		10B. KIND OF BUSINESS OR INDUSTRY Brokerage	11. BIRTHPLACE (State or foreign country) Easton, Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Dr. James P. Aiken			14. MOTHER'S MAIDEN NAME Margaret McIntzer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. World II	17. INFORMANT ADDRESS Mr. J. Donn Aiken 917 Cathedral St.		

18. E902.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture dislocation of 5th cervical vertebra		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION Aug. 18, 1951		19B. MAJOR FINDINGS OF OPERATION Partial Autopsy		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Water	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Beach off Bowley's Quarters Road 5300		
21D. TIME (Month) (Day) (Year) (Hour) Aug. 18, 1951	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Dived into shallow water		

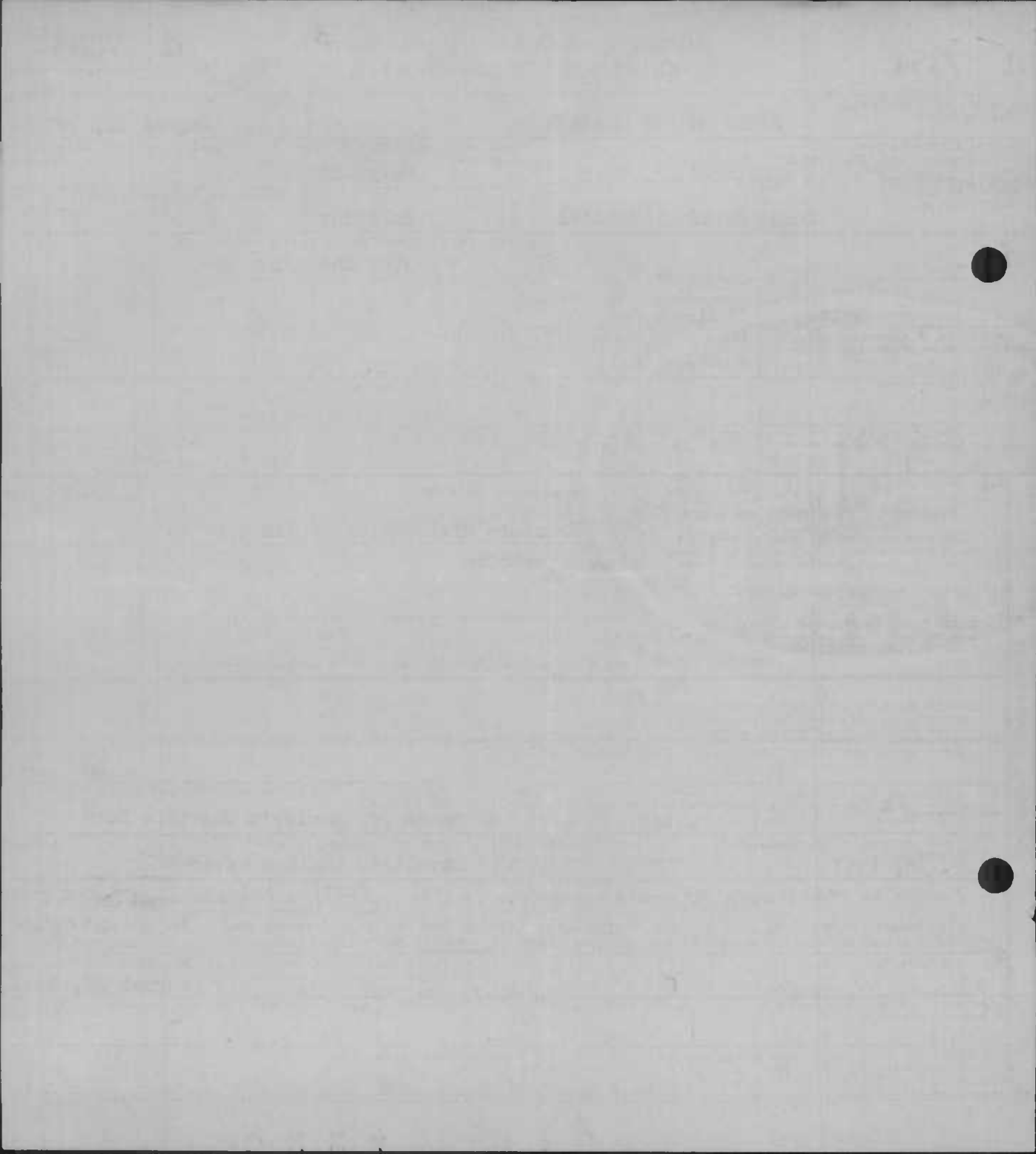
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William H. [Signature]</i>	23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR M.D. <input checked="" type="checkbox"/>	23C. DATE SIGNED August 22, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Buried	24B. DATE 8/25/51	24C. NAME OF CEMETERY OR CREMATORY Spring Hill Cem.
24D. LOCATION (City, town, or county) Easton, Md.		

DATE RECEIVED BY LOCAL REGISTRAR AUG 23 1951	REGISTRAR'S SIGNATURE <i>Thurston Williams</i>	25. FUNERAL DIRECTOR <i>Wm J. [Signature]</i>	ADDRESS <i>Baltimore</i>
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V'S 151
N-805.0
59072
2330
186a

MEDICAL CERTIFICATION



250

CERTIFICATE CORRECTED 1/24/52

ES

51 7355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ETTA S. Disney Johnson

2. DATE
OF
DEATH

Aug. 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Lutheran Hosp. of Maryland, Inc.

C. CITY OR TOWN

(If outside corporate limits, state RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2411 ARUNAH Ave #16

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 8, 1884

9. AGE (In years
(last birthday))

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Home

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Royal Oak, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Frank Avalear

14. MOTHER'S MAIDEN NAME

Sarah Withers

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs. Doris A. Willett 218 Register Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

Unknown

Carcinomatosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Mild pulmonary edema

DUE TO

Post radiation cystitis, uterine fibroid

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Peritonitis, old, organized
Cholecystitis and cholelithiasis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 2, 1951, to Aug. 21, 1951, that I last saw the deceased alive on Aug 21, 1951, and that death occurred at 1:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

Lutheran Hosp

8-21-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8/24/51

24C. NAME OF CEMETERY OR CREMATORY

Western Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 23 1951

Huntington Williams

Wm. J. Tickner, Son Inc Balto Md

0510007340

935

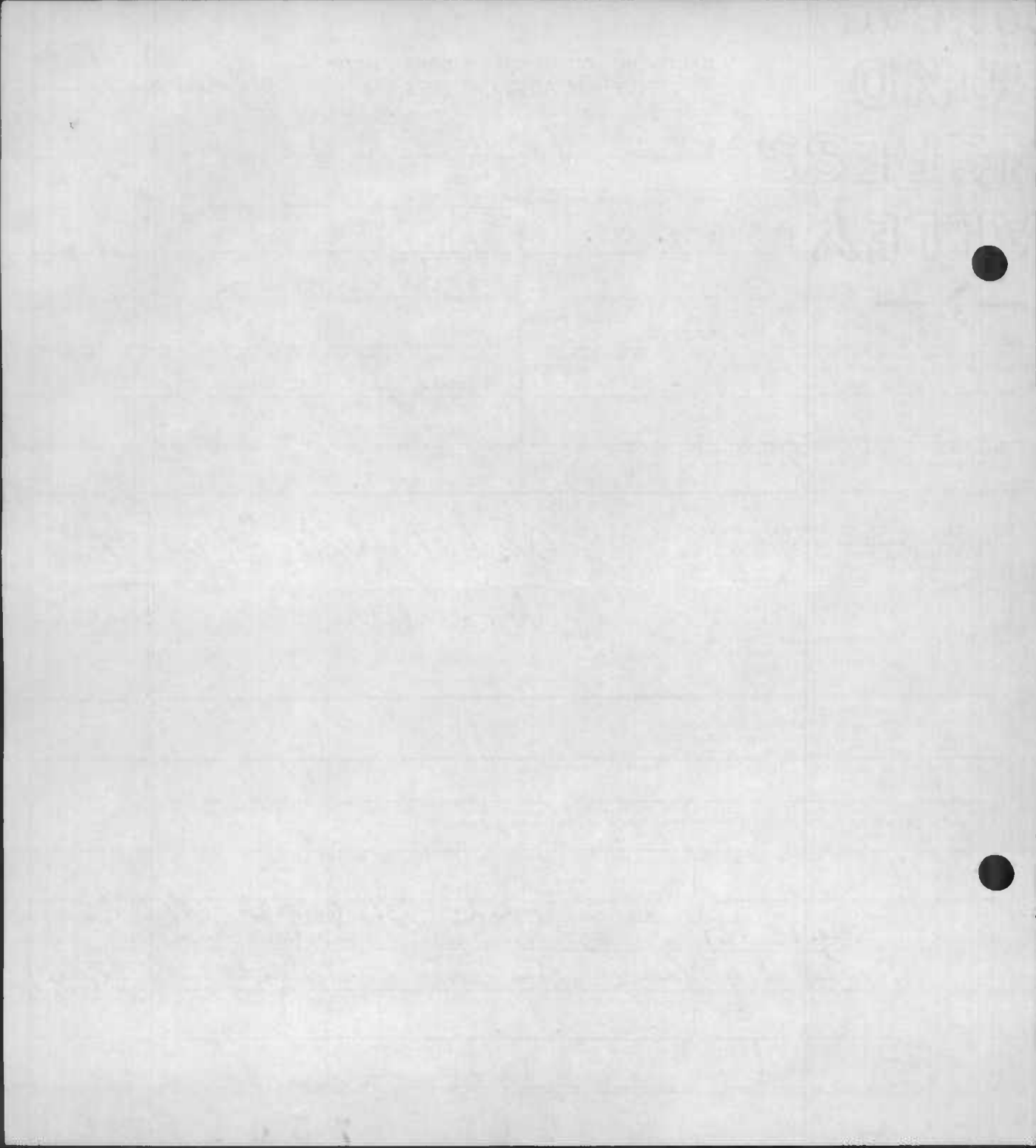
Received radiu and X ray for Cancer of cervix in 1948

by Dr. H. Hundley, Jr. No ana oical vidence of its spread.

Apparently cured by above measures.

See Document file 51-7355

1/4/52 ES



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7357

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Maria (MARIE) McCloskey</i>			2. DATE OF DEATH <i>Aug 22, 1951</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <i>Md.</i> b. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) <i>SINAI HOSP. of BALTO., INC.</i>			c. CITY OR TOWN (If outside corporate limits, write (RURAL) and give township) <i>Balto.</i>		
c. Length of stay in Baltimore			d. STREET ADDRESS (If rural, give location) <i>612 N. Port St.</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>SINGLE</i>	8. DATE OF BIRTH <i>Nov. 1-41</i>	9. AGE (In years last birthday) <i>9</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>School Girl</i>			11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		
10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>Harry McCloskey</i>			14. MOTHER'S MAIDEN NAME <i>Maria E. Leimbühler</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Harry McCloskey</i>			ADDRESS <i>612 N. Port St.</i>		

18. <i>757.31</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Renal Failure</i>	CAUSE OF DEATH (A) <i>Renal Failure</i> DUE TO (B) <i>Bilateral ureteral strictures</i> DUE TO (C) <i>Congenital</i>	INTERVAL BETWEEN ONSET AND DEATH <i>5 yrs.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

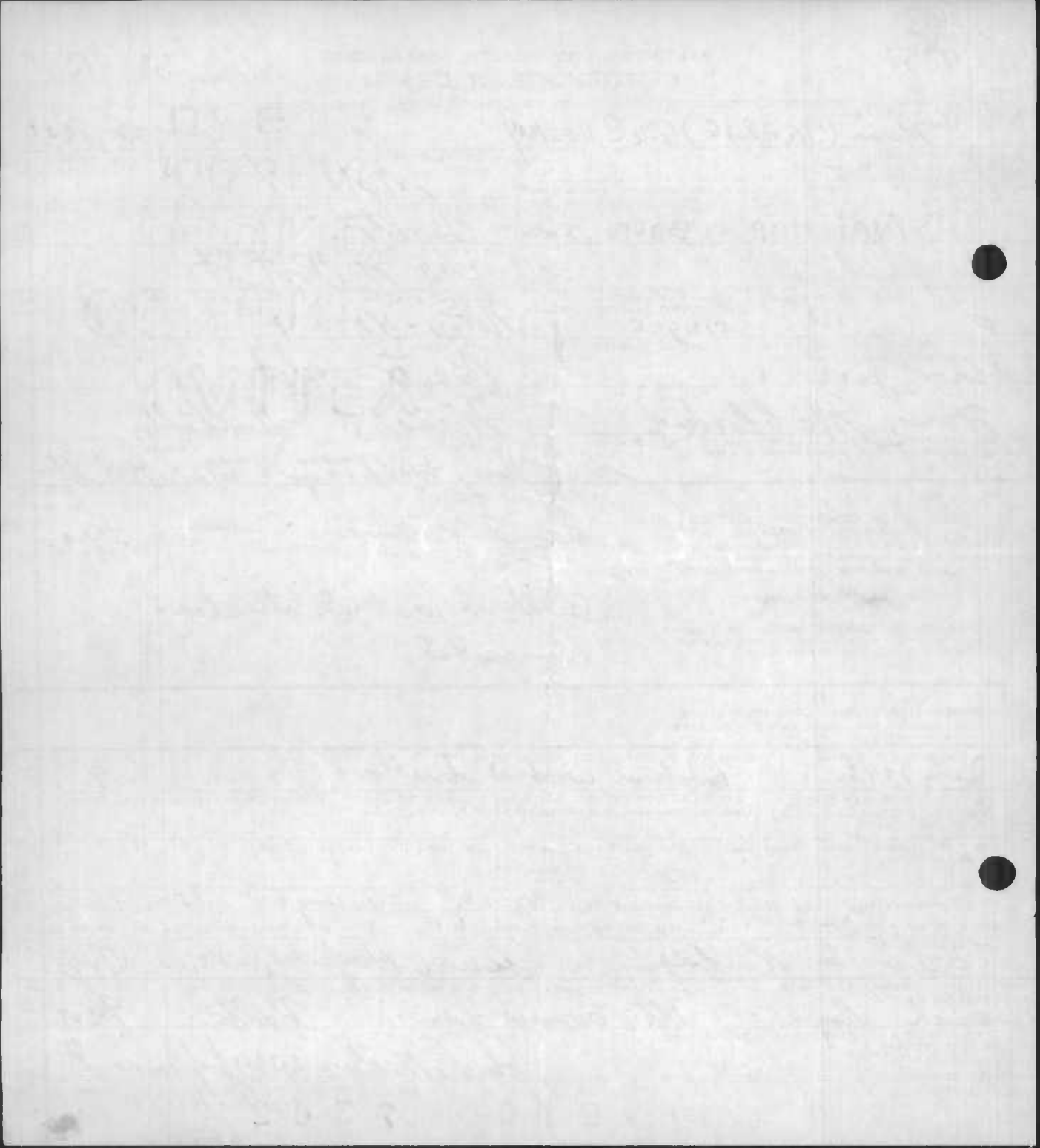
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19. DATE OF OPERATION <i>July 1946</i>	19b. MAJOR FINDINGS OF OPERATION <i>Bilateral ureteral strictures</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>Aug. 13, 1951</i> , to <i>Aug 22, 1951</i> , that I last saw the deceased alive on <i>Aug 21, 1951</i> , and that death occurred at <i>6 A</i> m., from the causes and on the date stated above.		
23a. SIGNATURE <i>Arthur L. Rudolph</i>	23b. ADDRESS <i>Sinai Hospital, Balto., Md.</i>	23c. DATE SIGNED <i>8/22/51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Aug. 25-51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Carmel Cem.</i>
24d. LOCATION (City, town, or county) <i>Balto. Md.</i>	24e. FUNERAL DIRECTOR <i>John A. Miller</i>	24f. ADDRESS <i>2334 Jefferson St.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 23 1951</i>		
REGISTRAR'S SIGNATURE <i>Washington Williams</i>		

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1951 0007342

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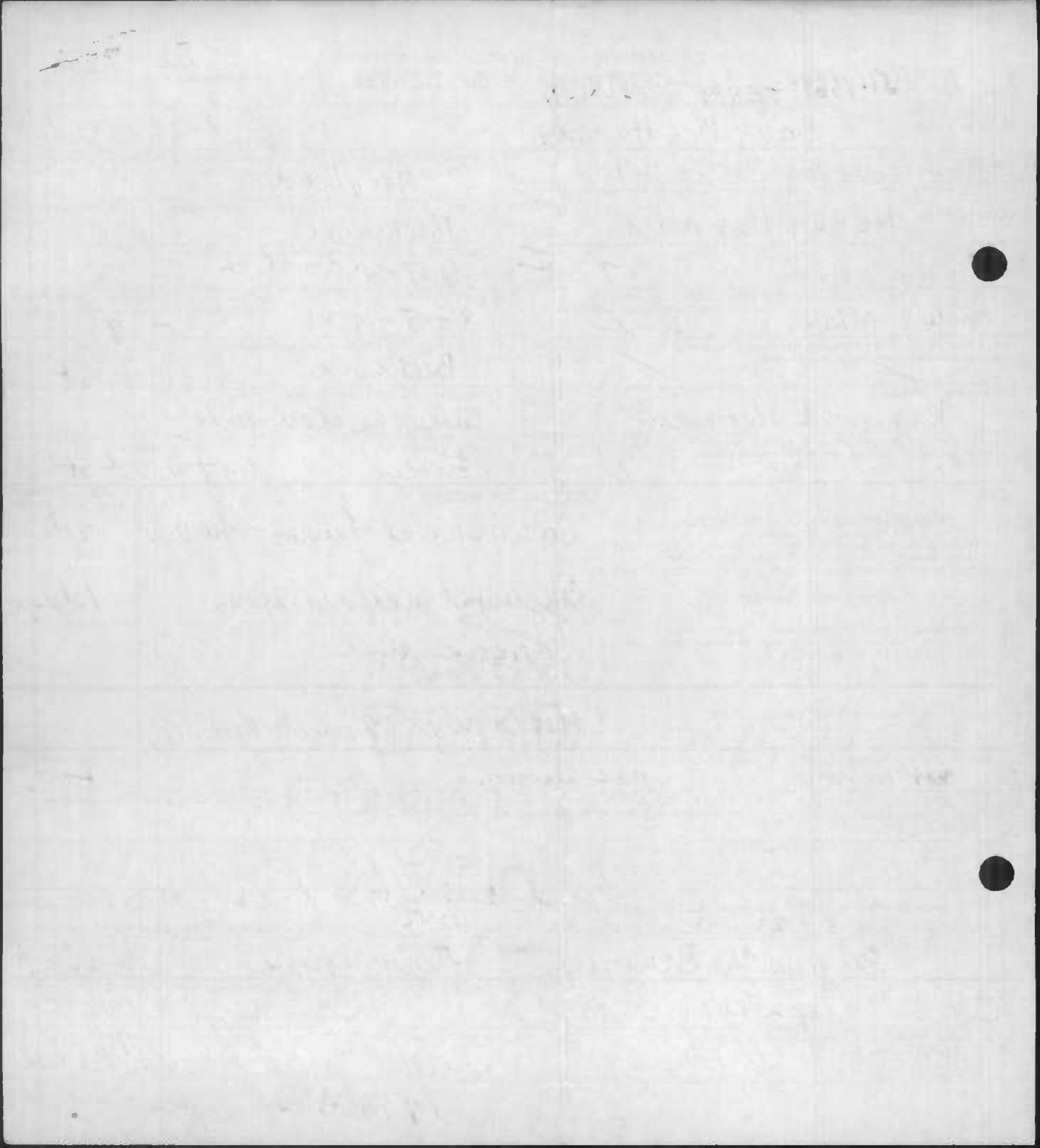
BALTIMORE CITY HEALTH DEPARTMENT

51 7358

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 735851.18699		TERRY HARMAN	
1. NAME OF DECEASED (Type or Print) Baby Boy Harman		2. DATE OF DEATH 8-22-57	
3. PLACE OF DEATH: A. Baltimore City, Maryland Mercy Hosp		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 607 W 33rd St		13-05	
C. Length of stay in Baltimore 7 Mths. Days		5. SEX male 6. COLOR OR RACE white 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH 8-15-1957		9. AGE (in years last birthday) 1 - 7	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Kenneth Harman		14. MOTHER'S MAIDEN NAME Catherine Kenowitz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT Father		ADDRESS 607 W 33rd St	
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
ANTECEDENT CAUSES		Congenital heart failure	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		Congenital malformations	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Colostomy (Women's Hospital)	
19A. DATE OF OPERATION not known		19B. MAJOR FINDINGS OF OPERATION not known	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 8-22-1957, to 8-22-1957, that I last saw the deceased alive on 8-22-1957, and that death occurred at 12:00 p.m., from the causes and on the date stated above.	
23A. SIGNATURE Eugene Ch. Bauman, M.D.		23B. ADDRESS Mercy Hospital	
23C. DATE SIGNED 8-22-57		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE Aug. 23-1957		24C. NAME OF CEMETERY OR CREMATORY Lorraine Park	
24D. LOCATION (City, town, or county) Baltimore Co. Maryland		(State)	
DATE RECEIVED BY LOCAL REGISTRAR AUG 23 1957		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR		ADDRESS	
Surgee Funeral Home		3631 Fall Road	
7 Head St Surgee		1578	



51 7359

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7359
Registered No.

BIRTH NO. <u>H-656</u>		1. NAME OF DECEASED (Type or Print) <u>Sister Anthony Horner</u>		2. DATE OF DEATH <u>8-22-51</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>6420 Reisterstown Road</u>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Seton Institute</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>			
C. Length of stay in Baltimore <u>About 25</u> Yrs. <u>Most Days</u>		D. STREET ADDRESS (If rural, give location) <u>6420 Reisterstown Road</u> <u>28-31</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Nov. 9, 1862</u>	9. AGE (In years last birthday) <u>87</u>	If Under 1 Year: Months <u>9</u> Days <u>18</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Catholic Sister</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Religious</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>George Albert Horner</u>		14. MOTHER'S MAIDEN NAME <u>Eva Augustin Eichorn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT ADDRESS <u>The Seton Institute</u>	

18. <u>450.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>arterio sclerosis</u>	CAUSE OF DEATH (A) <u>arterio sclerosis</u> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <u>more than ten years.</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>senile atrophy of organs</u>	(B) <u>senile atrophy of organs</u> DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C) <u>senility</u>	

19A. DATE OF OPERATION <u>none</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>no</u>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY <u>none</u>	21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>July 1948</u> , to <u>Aug 21</u> , 1951, that I last saw the deceased alive on <u>Aug 21</u> , 1951, and that death occurred at <u>6:30 am.</u> , from the causes and on the date stated above.		
23A. SIGNATURE <u>Wardson</u>	23B. ADDRESS <u>4212 Patterson Avenue</u> M. O.	23C. DATE SIGNED <u>Aug. 22-51</u>

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>Aug-24-1951</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Seton Cemetery</u>	24D. LOCATION (City, town, or county) (State) <u>6420 Reisterstown Rd. - Balto. Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>Aug 23 1951</u>	REGISTRAR'S SIGNATURE <u>Wardson</u>	25. FUNERAL DIRECTOR ADDRESS <u>Stewart & Mowen Co., 108 W. North An.</u>	

STATE OF NEW YORK
DEPARTMENT OF HEALTH

8

Charles J. ...

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7360
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF DEATH 8-21-51

3. PLACE OF DEATH

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Hospital

4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

205 Collington Ave.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

11-16-1907

9. AGE (In years last birthday)

43

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR INDUSTRY

W. N. Killum Co

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lewis Parker

14. MOTHER'S MAIDEN NAME

Ella Wiley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

4940 Eastern Ave.
Records: Baltimore City Hospital

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

3 Weeks

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-21-51, to 8-22-51, 1951, that I last saw the deceased alive on 8-22-51, 1951, and that death occurred at 8:45 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

4940 Eastern Ave.

8-22-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

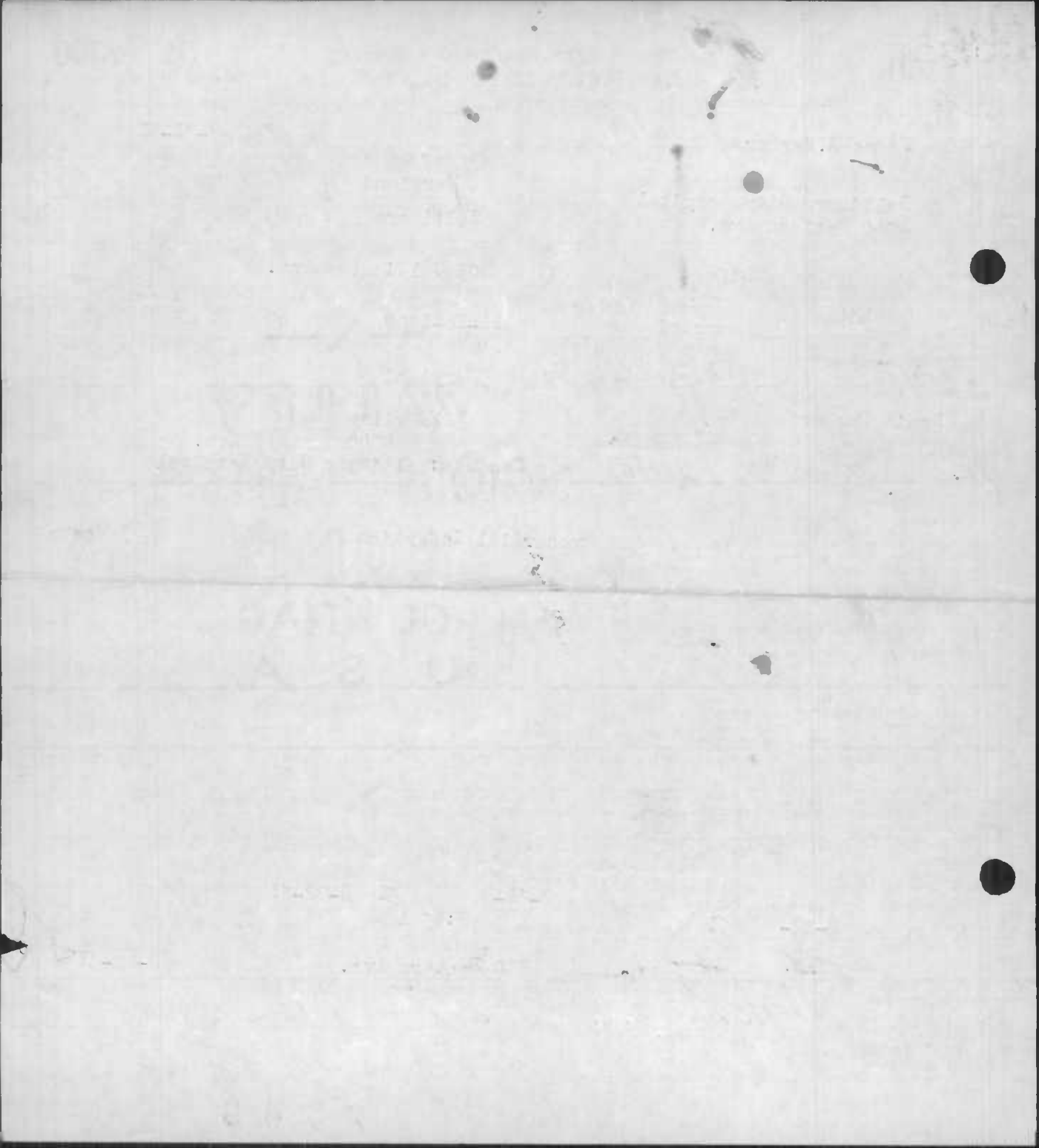
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



460
51 7361

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7361
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) *William Miller*

2. DATE OF DEATH *8-22-51*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Md.*
B. COUNTY *9-09*

5. FULL NAME OF HOSPITAL OR INSTITUTION *University of Md.*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

7. STREET ADDRESS (If rural, give location)
1420 E. Oliver St.

8. Length of stay in Baltimore
Yrs. *0*
Mos. *0*
Days *0*

9. SEX *M*

10. COLOR OR RACE *W*

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

12. DATE OF BIRTH
JAN. 11, 1902

13. AGE (In years last birthday)
49

14. If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Dental Salesman

16. KIND OF BUSINESS OR INDUSTRY
LUTHER B. BENTON Co.

17. BIRTHPLACE (State or foreign country)
Md.

18. CITIZEN OF WHAT COUNTRY?
USA

19. FATHER'S NAME
Wm. H. Miller

20. MOTHER'S MAIDEN NAME
MARIA F. THUMAN

21. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

22. SOCIAL SECURITY NO.
216-05-7257

23. INFORMANT
MYRTLE S. HELLMANN, 1015 N. CHARLES

24. ADDRESS

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Metastatic Carcinoma of spine

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION *7-1*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *7-1*, 19*51*, to *8-22*, 19*51*; that I last saw the deceased alive on *8-22*, 19*51*, and that death occurred at *11:15 A.m.*, from the causes and on the date stated above.

23A. SIGNATURE *John S. McKeath*

23B. ADDRESS *2407 Chinas Ave*

23C. DATE SIGNED *8-22-51*

24A. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24B. DATE
8/25/51

24C. NAME OF CEMETERY OR CREMATORY
PARK WOOD CEMETERY

24D. LOCATION (City, town, or county) (State)
PARKVILLE, MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

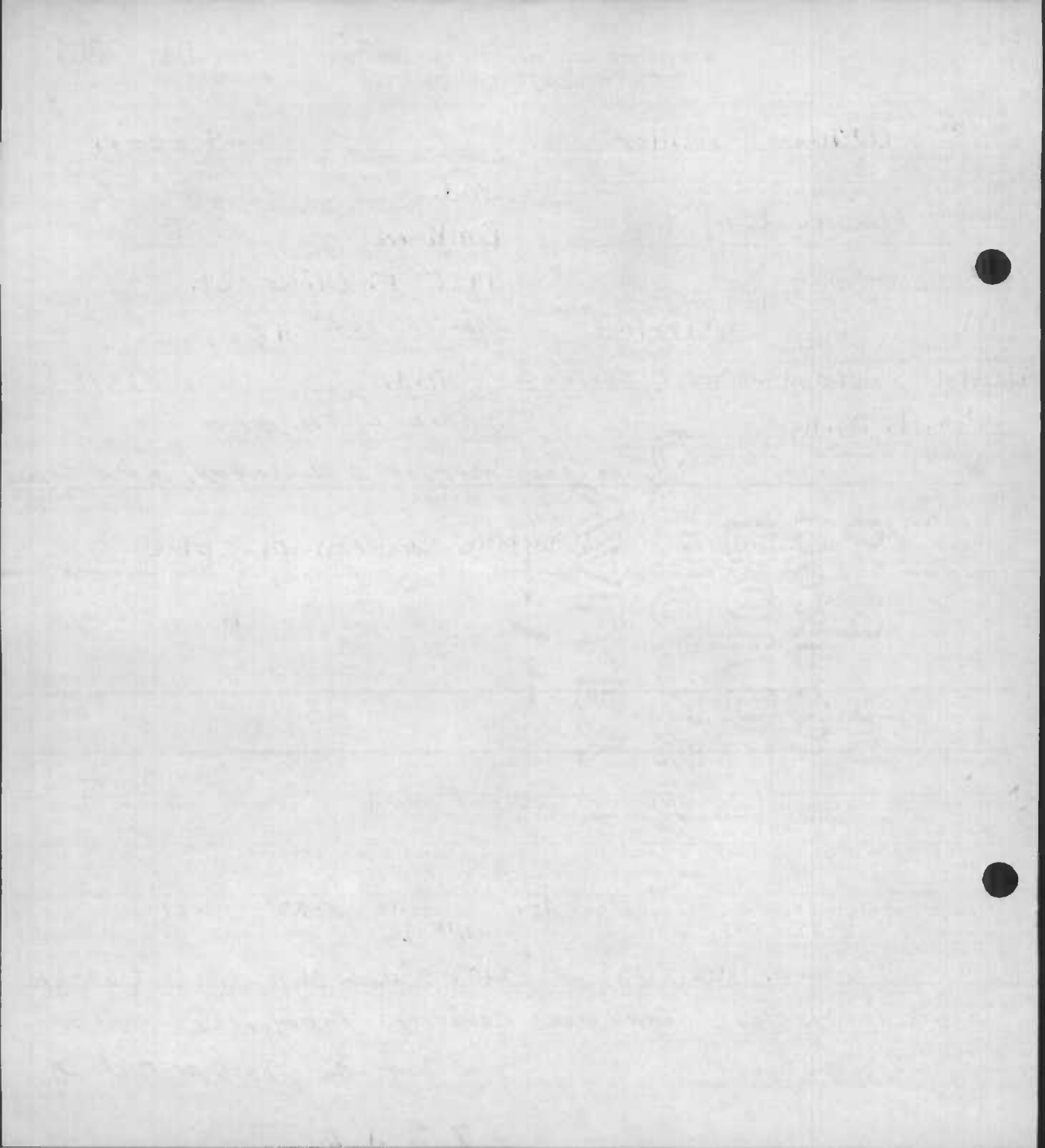
25. FUNERAL DIRECTOR
Wm. Cook, Inc., 1217 St. Paul St.

ADDRESS

MEDICAL CERTIFICATION

195 146065 7346

5513



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered **51** No. **7362**

236
51 **7362**
BIRTH NO.

1. NAME OF DECEASED (Type or Print) CHARLES J. WESTRICH		2. DATE OF DEATH August 22, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write FULL name and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 508 E. Chase Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 91 If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS Rose Forte, 508 E. Chase Street	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William W. Cook</i>	23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR	23C. DATE SIGNED August 22, 1951
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24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 8/25/41	24C. NAME OF CEMETERY OR CREMATORY Moreland Park Cemetery	24D. LOCATION (City, town, or county) (State) Parkville, Maryland
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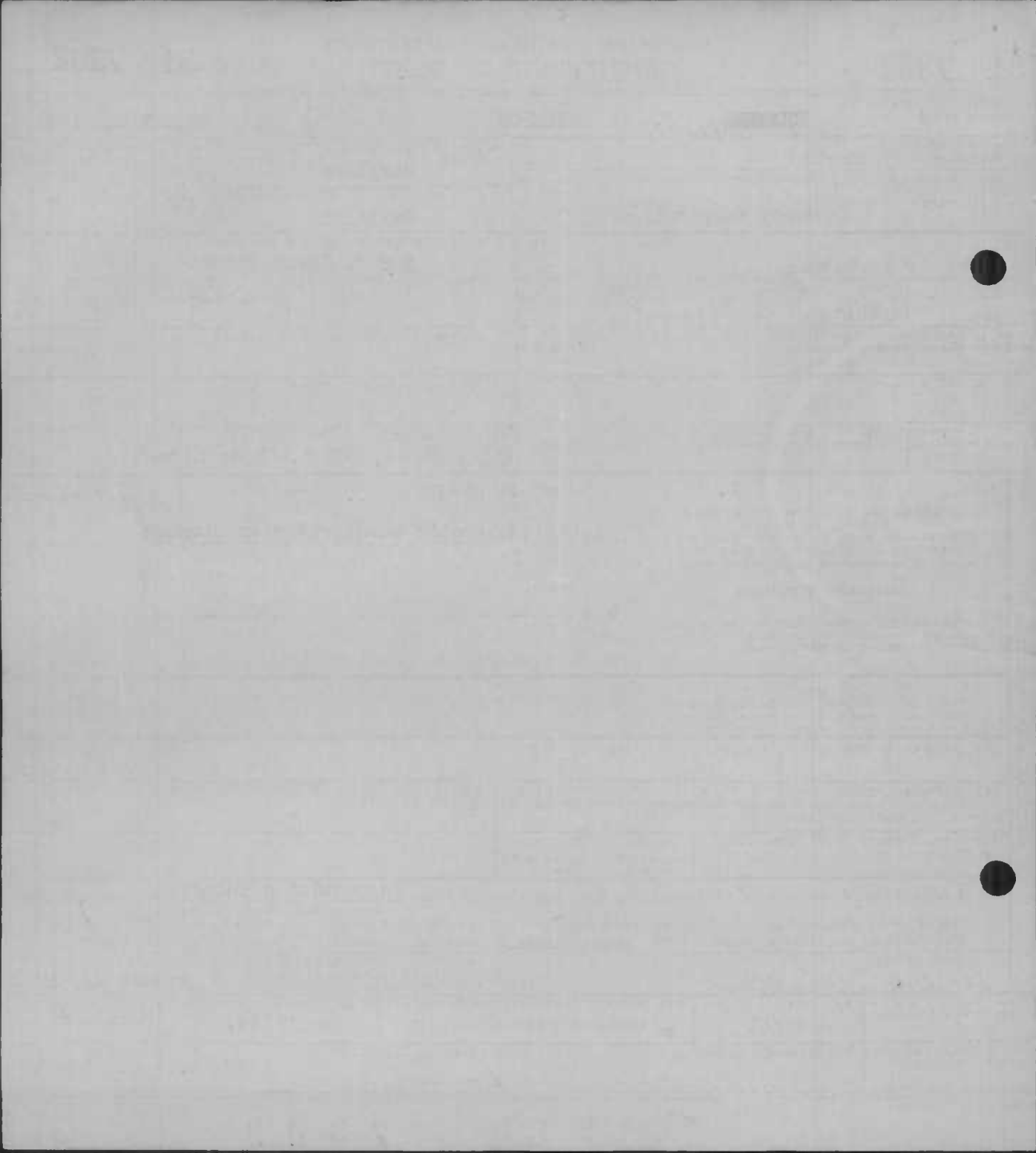
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Wm. Cook, Inc.</i>	25. FUNERAL DIRECTOR Wm. Cook, Inc.	ADDRESS 1217 St. Paul Street
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1951

1951 0207347

937

MEDICAL CERTIFICATION



CERTIFICATE CORRECTED 8-28-51

314
51 7363

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7363
Registered No.

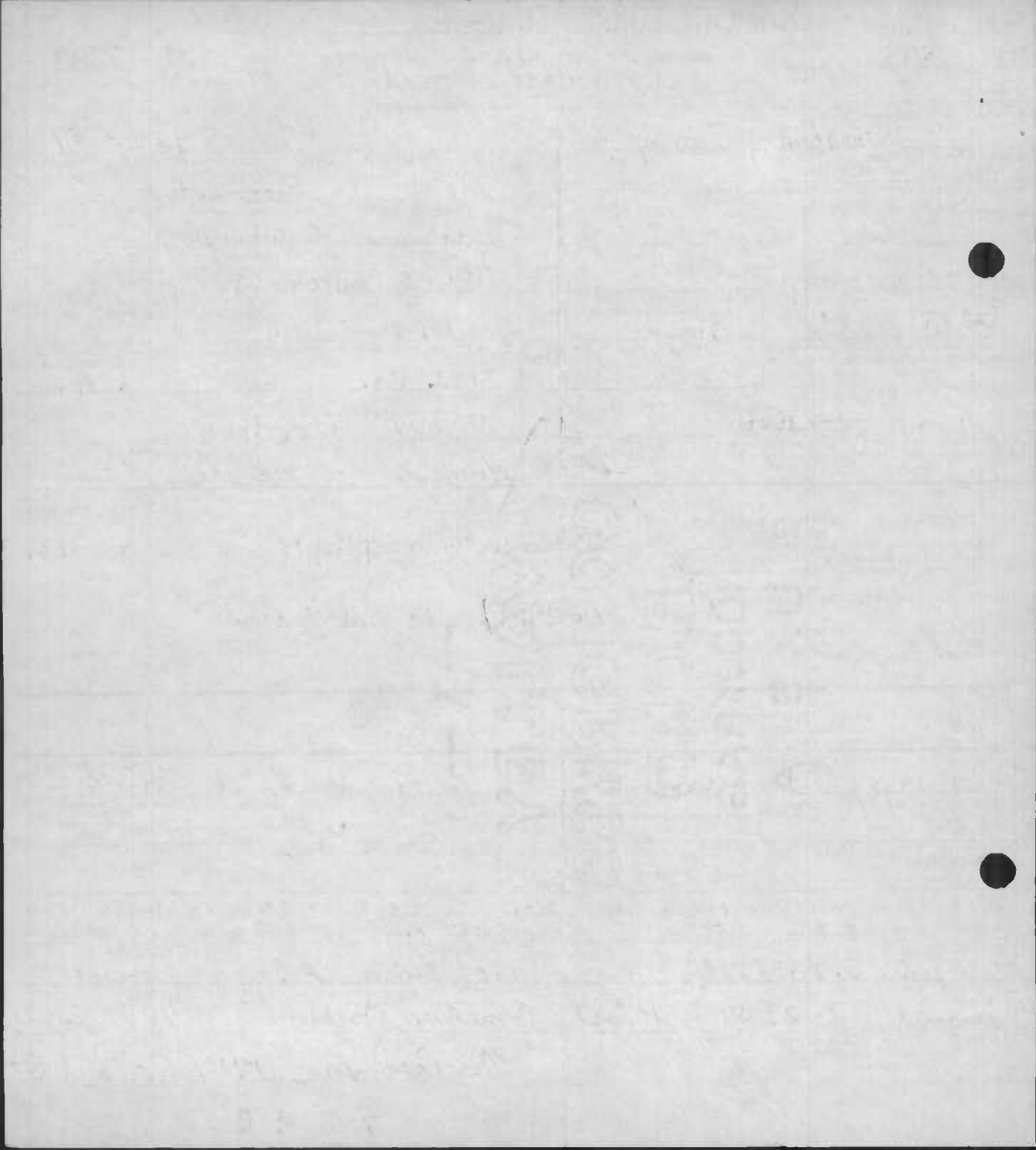
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Woodfell, Jerry LEE		2. DATE OF DEATH 8-22-51	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MA. b. COUNTY Worcester	
b. FULL NAME OF HOSPITAL OR INSTITUTION University Hosp.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Salisbury	
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) 1101 E. Church St. 7212	
5. SEX WM	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 10, 1940
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Asa Woodfell		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. None	
17. INFORMANT University Hosp. Records		ADDRESS Baltimore Md.	

18. 193 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Internal Hydrocephalus		INTERVAL BETWEEN ONSET AND DEATH 6 mos.
DUE TO		
(A) Obstruction in 3rd ventricle		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION 3-17-51		19b. MAJOR FINDINGS OF OPERATION G. liematary tumor 3rd ventricle		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-1 , 1951, to 8-22 , 1951, that I last saw the deceased alive on 8-22 , 1951, and that death occurred at 4:15 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE John S. McLeach		23b. ADDRESS 2407 Elsinor Av.		23c. DATE SIGNED 8-22-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-23-51		24c. NAME OF CEMETERY OR CREMATORY Pfost Cemetery	
24d. LOCATION (City, town, or county) Jackson Co. W. Virginia		24e. DATE RECEIVED BY LOCAL REGISTRAR		24f. REGISTRAR'S SIGNATURE Huntington Williams, Jr.	
24g. DATE RECEIVED BY LOCAL REGISTRAR		24h. REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR Wm. Cobb, Inc.	
24i. DATE RECEIVED BY LOCAL REGISTRAR		24j. REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS 1217 St Paul St.	

19510007348 54a



324
1 7364BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7364

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Stickelman, ORR.

2. DATE
OF
DEATH

8-22-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

FRANKLIN SQUARE HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALT.

D. STREET ADDRESS (If rural, give location)

123 Willard St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

B. DATE OF BIRTH

7-12-1892

9. AGE (In years
last birthday)

59

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Accountant

10B. KIND OF BUSINESS OR
INDUSTRY

Benger Tire Co.

11. BIRTHPLACE (State or foreign country)

Iowa

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, No or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

340-03-1035

17. INFORMANT

ADDRESS

Hosp. Records. Balto. Md.

18. 581.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of the liver

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Chronic alcoholism

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

+ 3 mos.

20+ years

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/10/51, 19, to 8/22, 1951, that I last saw the
deceased alive on 8/22, 1951, and that death occurred at 10:31 p.m., from the causes and on the date stated above.

23A. SIGNATURE

R. S. Chamber

23B. ADDRESS

M. D.

Franklin Square Hosp.

23C. DATE SIGNED

8/22/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

8.21.51

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

CLARINDA IOWA

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

for Williams, M.

25. FUNERAL DIRECTOR

ADDRESS

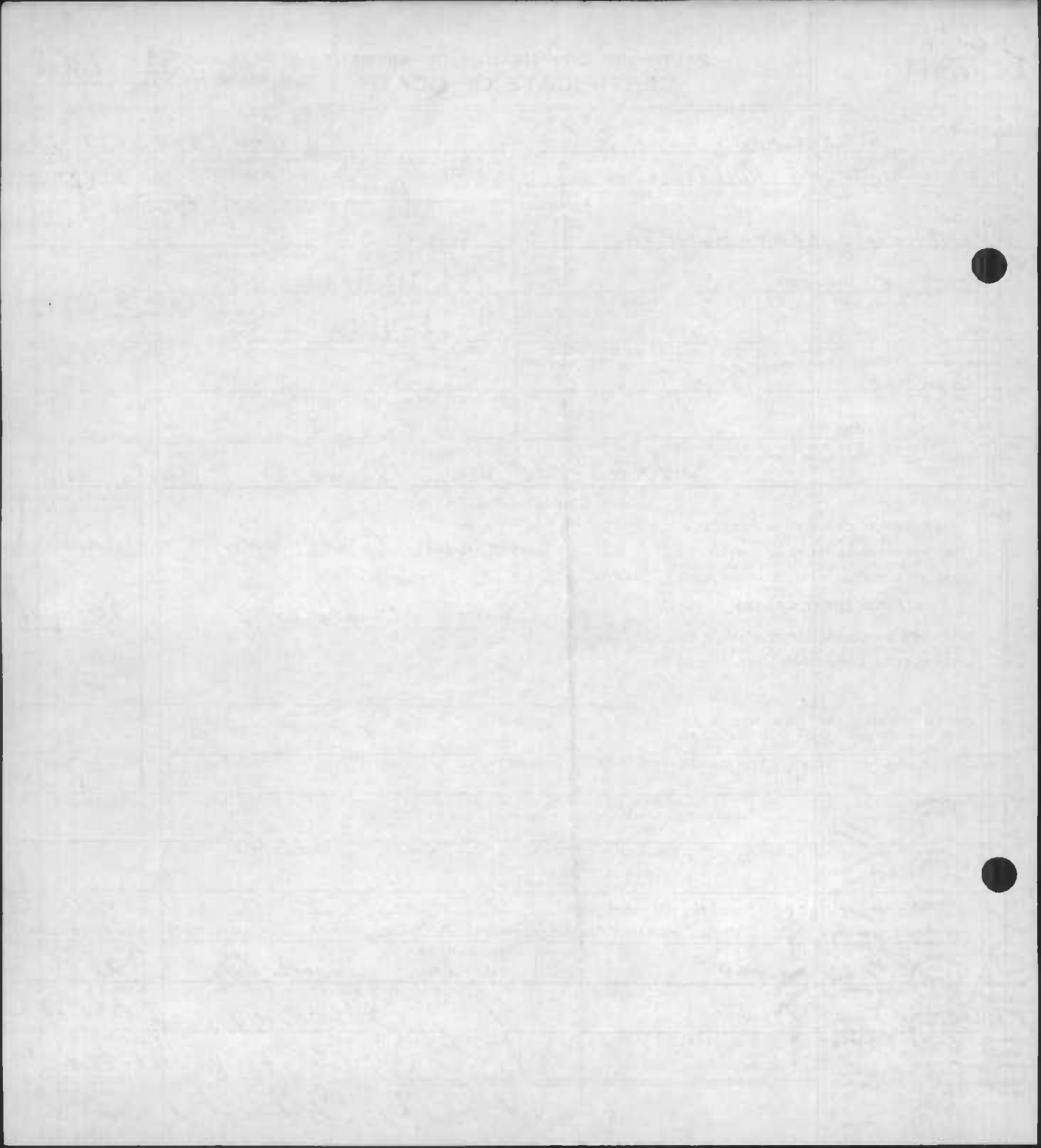
Jaff Co. B. M. Walters

AUG 23 1951

VS 150

100060 Path 3 Chucker 124a

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 7365
Registered No.

300
1 7365
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Henric HA Todd.</i>			2. DATE OF DEATH <i>Aug. 20, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>CITY</i>			4. USUAL RESIDENCE (Where deceased lived or institution: residence before admission) A. STATE <i>md.</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>613 Chearton Road</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 25-32</i>		
c. Length of stay in Baltimore <i>67</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>613 Chearton Road.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow.</i>	8. DATE OF BIRTH <i>Nov. 9, 1883</i>		9. AGE (In years, last birthday) <i>67</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Work</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>none</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <i>Eugene William Woods</i>		
14. MOTHER'S MAIDEN NAME <i>Anna A Turner</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>No.</i>		
16. SOCIAL SECURITY NO. <i>None</i>			17. INFORMANT <i>E. A. E. Bailey (Sister)</i>		
18. ADDRESS <i>3307 Fairchild Rd.</i>					

18. <i>490X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Lobar Pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>11 days.</i>
(A) DUE TO		
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerosis</i>		18-days.
(B) DUE TO		
(C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Nephrosis.</i>		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *8-9-51*, 19*51*, to *8-20*, 19*51*, that I last saw the deceased alive on *8-20*, 19*51*, and that death occurred at *9:30 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE *John L. Luck* M. D. 23B. ADDRESS *427 Swale Ave* 23C. DATE SIGNED *8-20-51*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>8/24/1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 23 1951</i>		25. FUNERAL DIRECTOR <i>Mrs. Katie R. Williams, Schroeder St.</i>	

MEDICAL CERTIFICATION

VALLEY

CO.

1919

100410

U.S.A.

552
1 7366

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7366
Registered No.

1. NAME OF DECEASED (Type or Print) Floyd Cunningham		2. DATE OF DEATH August 20, 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY 20-01	
b. FULL NAME OF HOSPITAL OR INSTITUTION 220 N. Fulton Ave.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 220 N. Fulton Ave.	
5. SEX Male	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 21, 1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Longshoreman	9. AGE (In years last birthday) 50
13. FATHER'S NAME Auston Cunningham		11. BIRTHPLACE (State or foreign country) Lawrence, S. C.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Marie Cunningham
18. 44-1-1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Endocarditis - 4 months		INTERVAL BETWEEN ONSET AND DEATH 4 months	
CAUSE OF DEATH			
(A) DUE TO			
ANTECEDENT CAUSES			
(B) DUE TO			
(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 14 , 1951, to Aug 20 , 1951, that I last saw the deceased alive on Aug 20 , 1951, and that death occurred at 9 p m., from the causes and on the date stated above.			
23a. SIGNATURE W. H. Williams		23b. ADDRESS 5155 Fulton	23c. DATE SIGNED 8-22-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/25/51	24c. NAME OF CEMETERY OR CREMATORY Arbutus Memorial	24d. LOCATION (City, town, or county) (State) Arbutus Md
DATE RECEIVED BY LOCAL REGISTRAR Aug 23 1951		25. FUNERAL DIRECTOR Mrs. Katie R. Williams - Scheraga	

MEDICAL CERTIFICATION

984055-2351 939

File 1

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1911-1912

351
7367

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7367

BIRTH NO.		1. NAME OF DECEASED (Type or Print) John T. Stambaugh		2. DATE OF DEATH August 22, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY 9-01			
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital DOA		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto			
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 751 Cator Ave.			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 17, 1913	9. AGE (In years last birthday) 38	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator		10B. KIND OF BUSINESS OR INDUSTRY Balto Transit		11. BIRTHPLACE (State or foreign country) Md.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME John T. Stambaugh			
14. MOTHER'S MAIDEN NAME Jane Wilson		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Irma M. Stambaugh 751 Cator Ave.			

18. 470.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Disease		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES		(A) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					

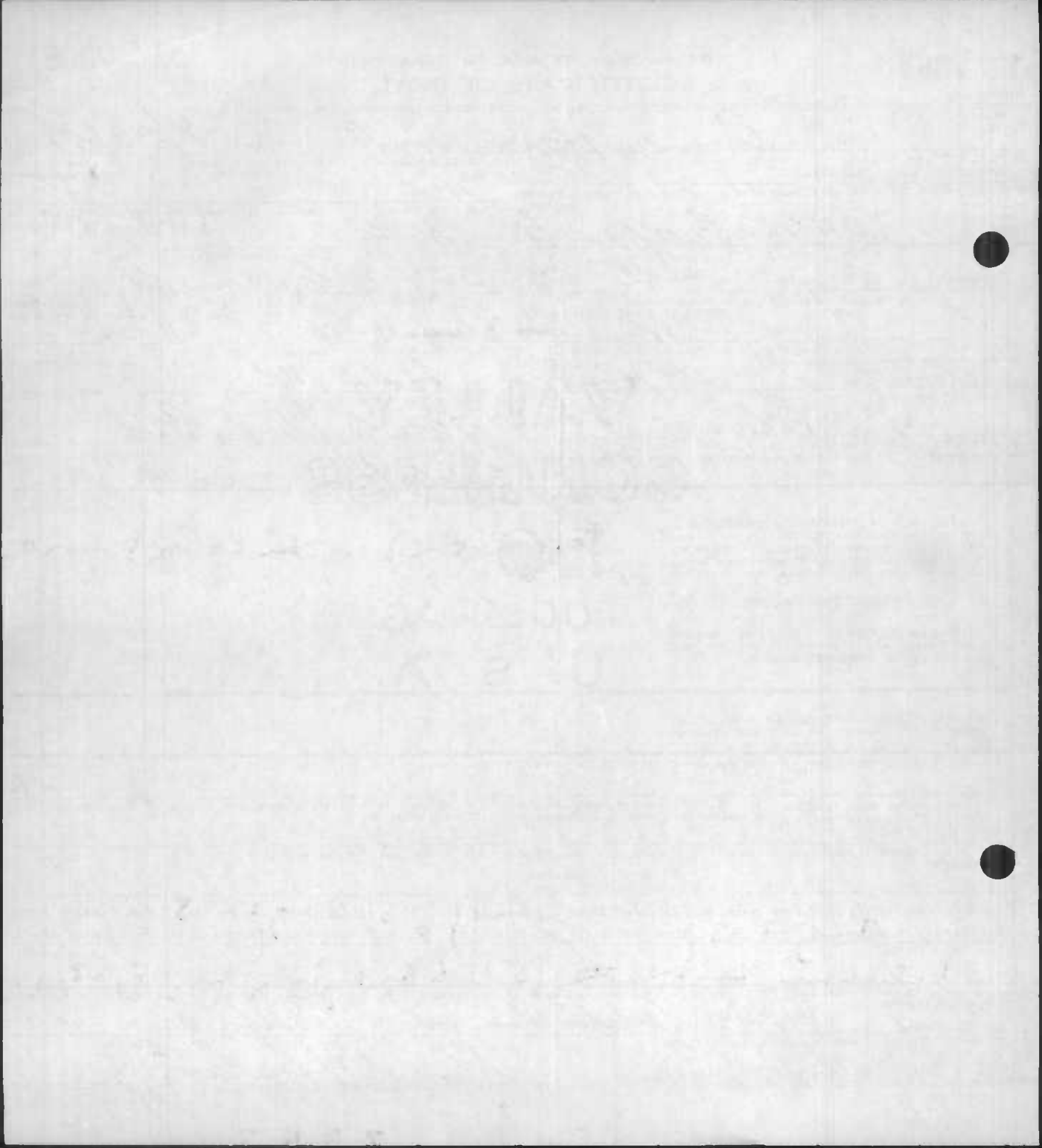
23A. SIGNATURE Wm. H. Kammer, Jr.		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED August 22, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug 27, 1951		24C. NAME OF CEMETERY OR CREMATORY Woodlawn	
24D. LOCATION (City, town, or county) Baltimore		24E. STATE Md.			

DATE RECEIVED BY LOCAL REGISTRAR AUG 23 1951		REGISTRAR'S SIGNATURE Wm. H. Kammer, Jr.		25. FUNERAL DIRECTOR Paul E. Chenoweth	
ADDRESS 3615-17 Chestnut		ADDRESS 94a			

V S 151 19564105102350 94a

INFORMED THE DEATH OF
CERTIFICATE OF DEATH

INFORMED THE DEATH



260
51 7369
BIRTH NO.

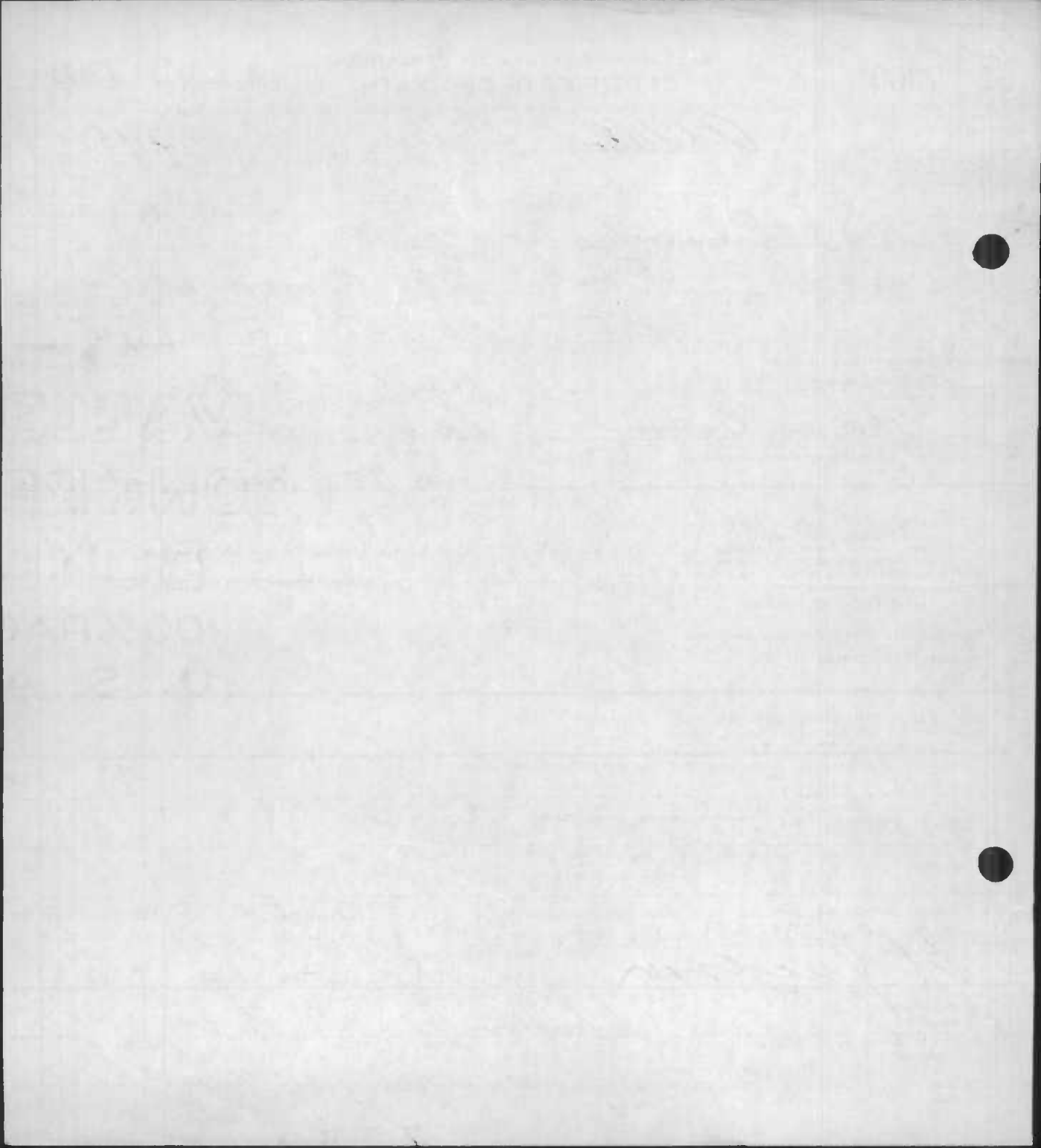
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7369

1. NAME OF DECEASED (Type or Print) <i>Addelpha Baker</i>		2. DATE OF DEATH <i>8/21/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>Balto</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1009 Edmondson Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Balto</i>	
c. Length of stay in Baltimore <i>35 yrs</i>		D. STREET ADDRESS (If rural, give location) <i>1009 Edmondson Ave</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>Dec. 11-1885</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or as if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>65</i> If Under 1 Year Months: Days <i>8 10</i> If Under 24 Hours Hours: Min.
13. FATHER'S NAME <i>Thomas Cooper</i>		11. BIRTHPLACE (State or foreign country) <i>Hartford Co. Md</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Louisa Hopkins</i>	
17. INFORMANT <i>Louisa Wood</i>		ADDRESS <i>Seven Park Md.</i>	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>442x I Cardio Vascular Renal Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs.</i>
I ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO (B) DUE TO (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July</i> , 1950, to <i>August 21</i> , 1951, that I last saw the deceased alive on <i>August 14</i> , 1951, and that death occurred at <i>1:40 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>W. F. Jackson</i>		23B. ADDRESS <i>600 N. Calhoun Ave.</i>		23C. DATE SIGNED <i>8-22-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Small</i>		24B. DATE <i>8/24/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Whitman Park</i>	
24D. LOCATION (City, town, or county) <i>Balto. Co. Md</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 23 1951</i>		24F. REGISTRAR'S SIGNATURE <i>Samuel N. Sullivan</i>	
24G. DATE RECEIVED BY LOCAL REGISTRAR		24H. REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR <i>Samuel N. Sullivan</i>	
24I. DATE RECEIVED BY LOCAL REGISTRAR		24J. REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	



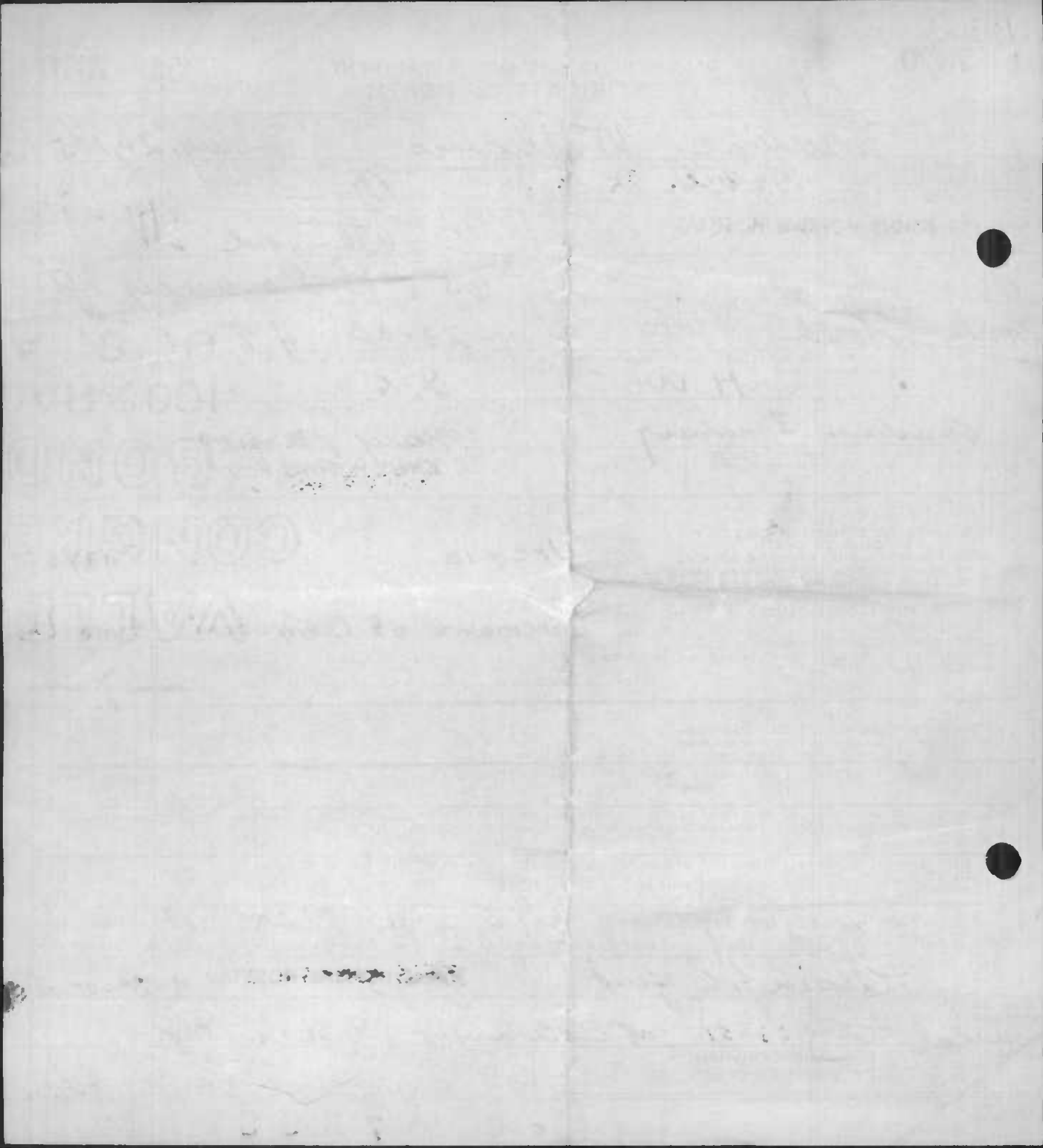
452
51 7370BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7370

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Pauline Williams</i>		2. DATE OF DEATH <i>Aug. 29, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Wom. & A.</i>		4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE <i>Md.</i> B. COUNTY		C. CITY OR TOWN <i>Baltimore 22-02</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		D. STREET ADDRESS (If rural, give location) <i>655 W. Conway St.</i>		E. DATE OF BIRTH <i>9-23-03</i>	
c. Length of stay in Baltimore		Yrs. Mos. Days		9. AGE (In years last birthday) <i>48</i>	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>Colored</i>		10. KIND OF BUSINESS OR INDUSTRY <i>H W</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		11. BIRTHPLACE (State or foreign country) <i>S. C.</i>		12. CITIZEN OF WHAT COUNTRY?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		13. FATHER'S NAME <i>Andrew Friday</i>		14. MOTHER'S MAIDEN NAME <i>Mary James</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMATION ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>171X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Uremia</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>7 days</i>	
ANTECEDENT CAUSES		(B) <i>Carcinoma of Cervix uteri</i> DUE TO		<i>4 months</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8/13</i> , 19 <i>51</i> , to <i>8/20</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>8/20</i> , 19 <i>51</i> , and that death occurred at <i>8 PM</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Lucien F. Cozart</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>8-20-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Aug. 23-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Int. Calvary Ct.</i>	
24D. LOCATION (City, town, or county) (State) <i>A. A. Co., Md.</i>		25. FUNERAL DIRECTOR <i>J. L. Brown & Son</i>		ADDRESS <i>108-W</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 23 1951</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>		25. FUNERAL DIRECTOR ADDRESS <i>J. L. Brown & Son Montgomery St.</i>	



320

7371

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7371

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bessie Fitch

2. DATE

OF DEATH Aug. 22, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4216 Raymar Avenue

C. CITY OR TOWN (If outside corporate limits, write R.R. and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4216 Raymar Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 9, 1886

9. AGE (In years last birthday)

65

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Thomas Davey

14. MOTHER'S MAIDEN NAME

Mary Finn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Carvil W. Fitch, 4216 Raymar

18. 260X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Thrombosis

1 hr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis

5 yrs.

(C) DUE TO

Diabetes mellitus

10 yrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 21, 1948, to Aug 22, 1951, that I last saw the deceased alive on Aug 20, 1951, and that death occurred at 7:30 m., from the causes and on the date stated above.

23A. SIGNATURE

Stephen J. Van Lell

M. D.

23B. ADDRESS

2843 St Paul St

23C. DATE SIGNED

8-23-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

8-25-51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

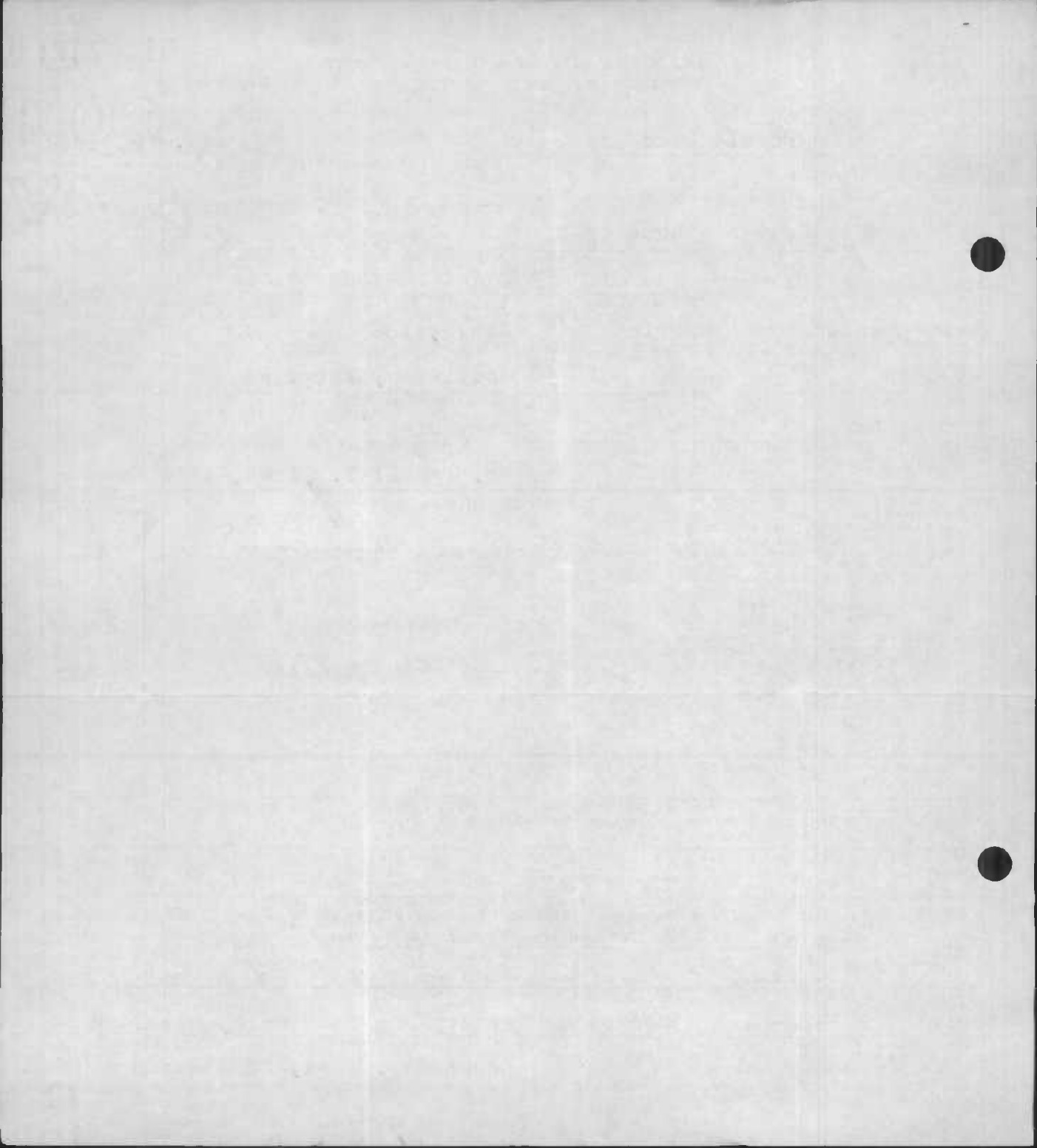
REGISTRAR'S SIGNATURE

Washington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.



650
51 7372

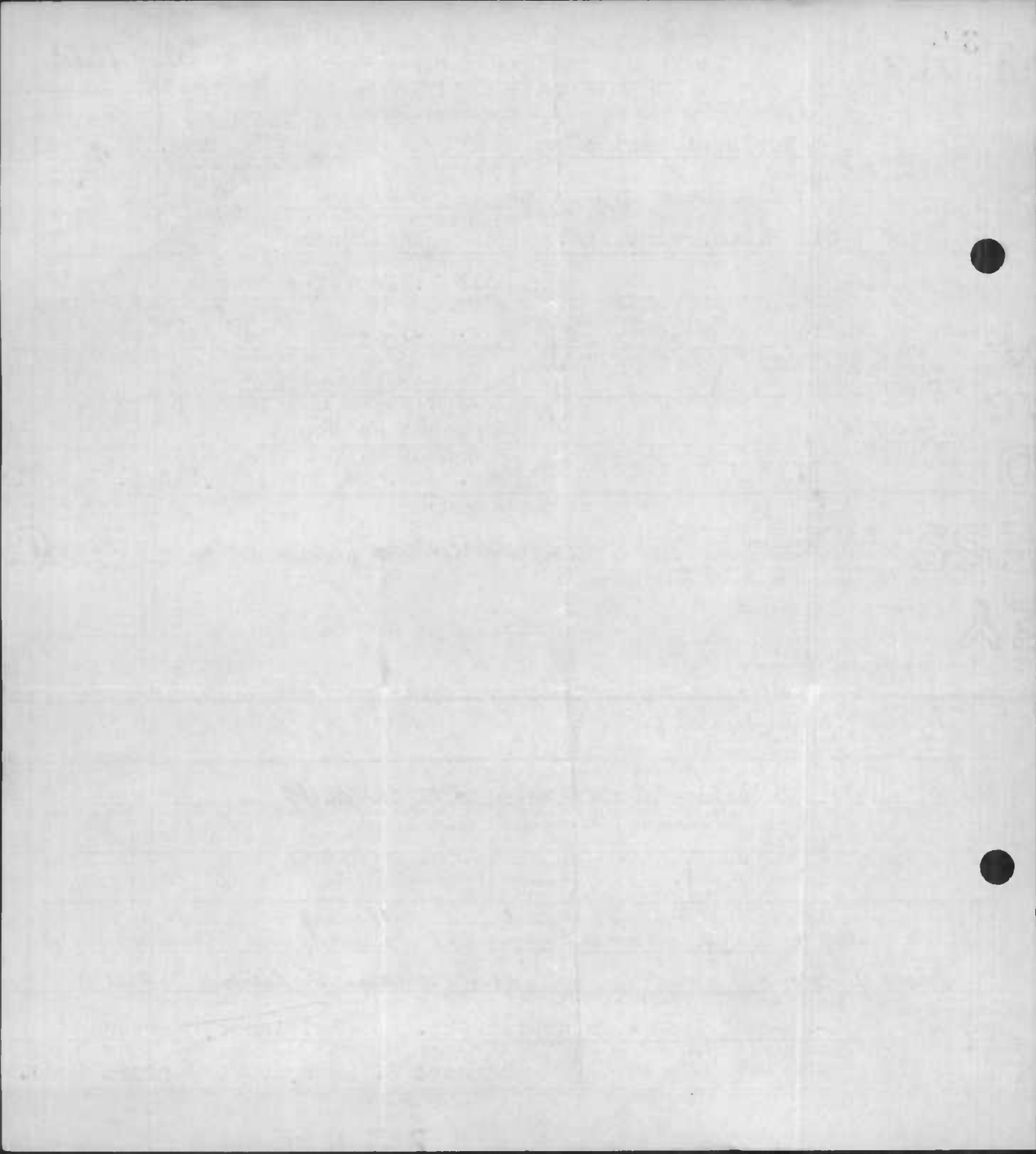
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7372
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Margaret Marino		Aug. 21, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 313 E. Lorraine Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 313 E. Lorraine Avenue	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 10, 1896
9. AGE (In years last birthday) 54		10. Under 1 Year Months: Days 11. Under 24 hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Andrew Ryan		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Margaret Mc Court	
17. INFORMANT Mrs. Jos. De Pasquale		ADDRESS 313 E. Lorraine	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 172 X I CAUSE OF DEATH (A) Adenocarcinoma fundus uteri DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 79 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 8/9/49	19B. MAJOR FINDINGS OF OPERATION Carcinoma fundus uteri, extensive, inoperable	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from June 1949, to Aug 21, 1951, that I last saw the deceased alive on Aug 16, 1951, and that death occurred at 4 p m., from the causes and on the date stated above.		
23A. SIGNATURE Gerald A. Galvani	23B. ADDRESS M. D. 1137 N. Monument St. Baltimore	23C. DATE SIGNED 8/23/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8-25-51	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Road.



363
51 7373BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7373
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Grace Street +

2. DATE
OF DEATH Aug 22, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

OWN HOME

13. FATHER'S NAME

GEORGE V. Helfrich Jr.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

NONE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore (RURAL)

D. STREET ADDRESS (If rural, give location)

606 FREDERICK AVE.

8. DATE OF BIRTH

4/25/73

9. AGE (In years
last birthday)

78

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Charlotte Dungan

17. INFORMANT

ADDRESS

Dr. Wm. Helfrich 5006 Roland Ave.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

18 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arterio sclerosis

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 21, 1951, to Aug 22, 1951, that I last saw the
deceased alive on Aug 22, 1951, and that death occurred at 1:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Harvey J. Green, Jr. M. O. Union Memorial Hosp. Balt. Md.

23B. ADDRESS

23C. DATE SIGNED

8-22-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 23 1951

Easton Sons, Catonsville, Md.

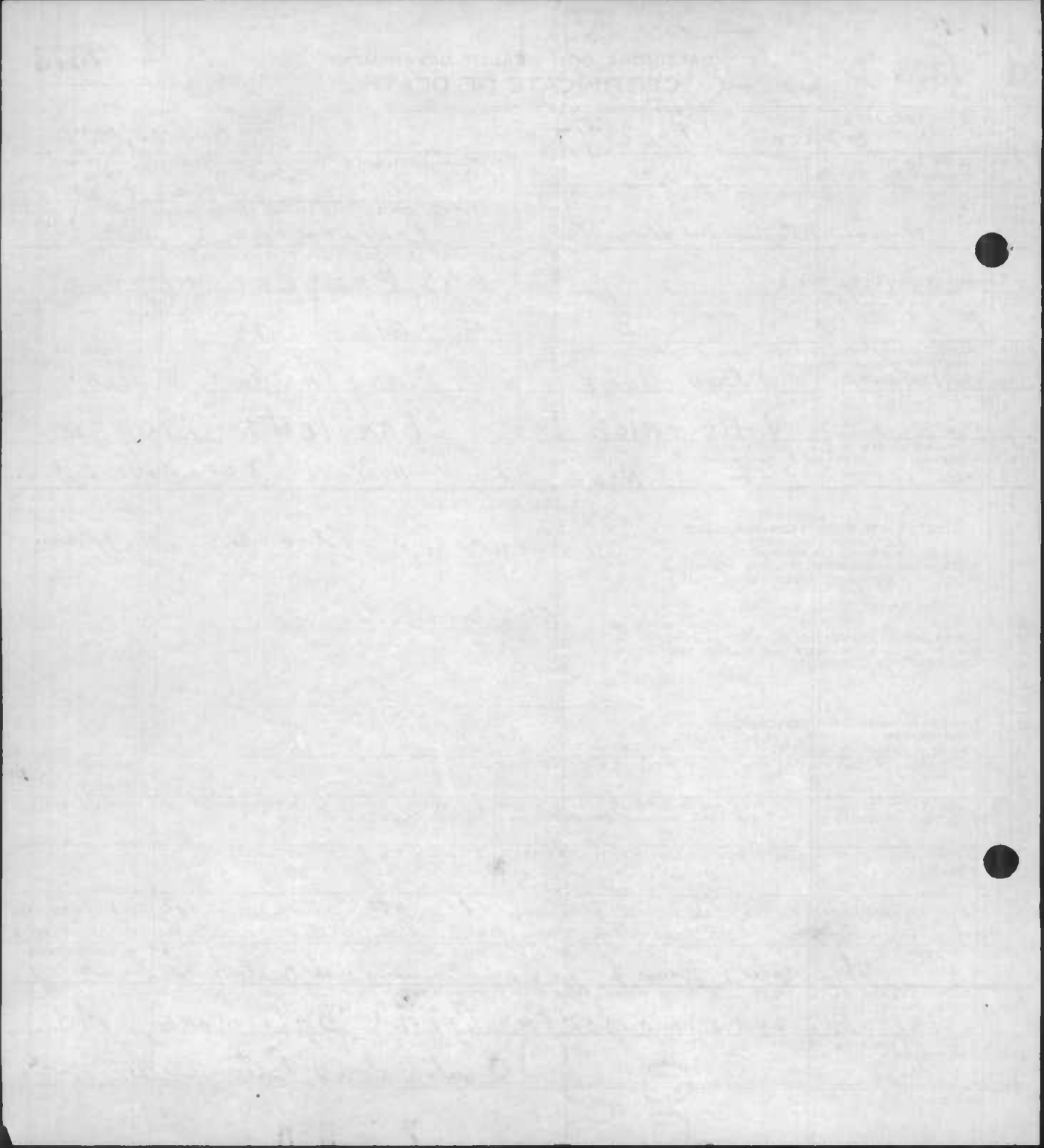
Easton Sons, Catonsville, Md.

VS 150

1 2 5 1 0 3 0 7 3 5 0

942

MEDICAL CERTIFICATION



250

MD-1515134

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7374
Registered No.

1. NAME OF DECEASED (Type or Print) Carroll Regan		2. DATE OF DEATH Aug. 21, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 7 N. Linwood Ave.			
c. Length of stay in Baltimore Life		Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 7, 1919
9. AGE (In years last birthday) 31		10. Under 1 Year Months: Days	
11. Under 24 Hours Hours: Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10B. KIND OF BUSINESS OR INDUSTRY Clothing	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Joseph Regan		14. MOTHER'S MAIDEN NAME Annette Rogers (Annette Regan)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) yes		16. SOCIAL SECURITY NO. 216-09-2084	
17. INFORMANT Baltimore City Hospitals		18. ADDRESS 4940 Eastern Avenue	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Shock secondary to DUE TO (A) Hemorrhage from Esophageal Varices DUE TO (B) Cirrhosis of Liver DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 6 Hrs. 2 Days 4 Yrs.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8-20 , 19 51 to 8-21 , 1951, that I last saw the deceased alive on 8-21 , 1951, and that death occurred at 12:50 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE P. S. Logan		23B. ADDRESS 4940 Eastern Avenue	
23C. DATE SIGNED 8-21-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/25/51	
24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cem.		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR AUG 23 1951		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR John A. Moran		ADDRESS 3000 E. Balto. St.	

VS 150

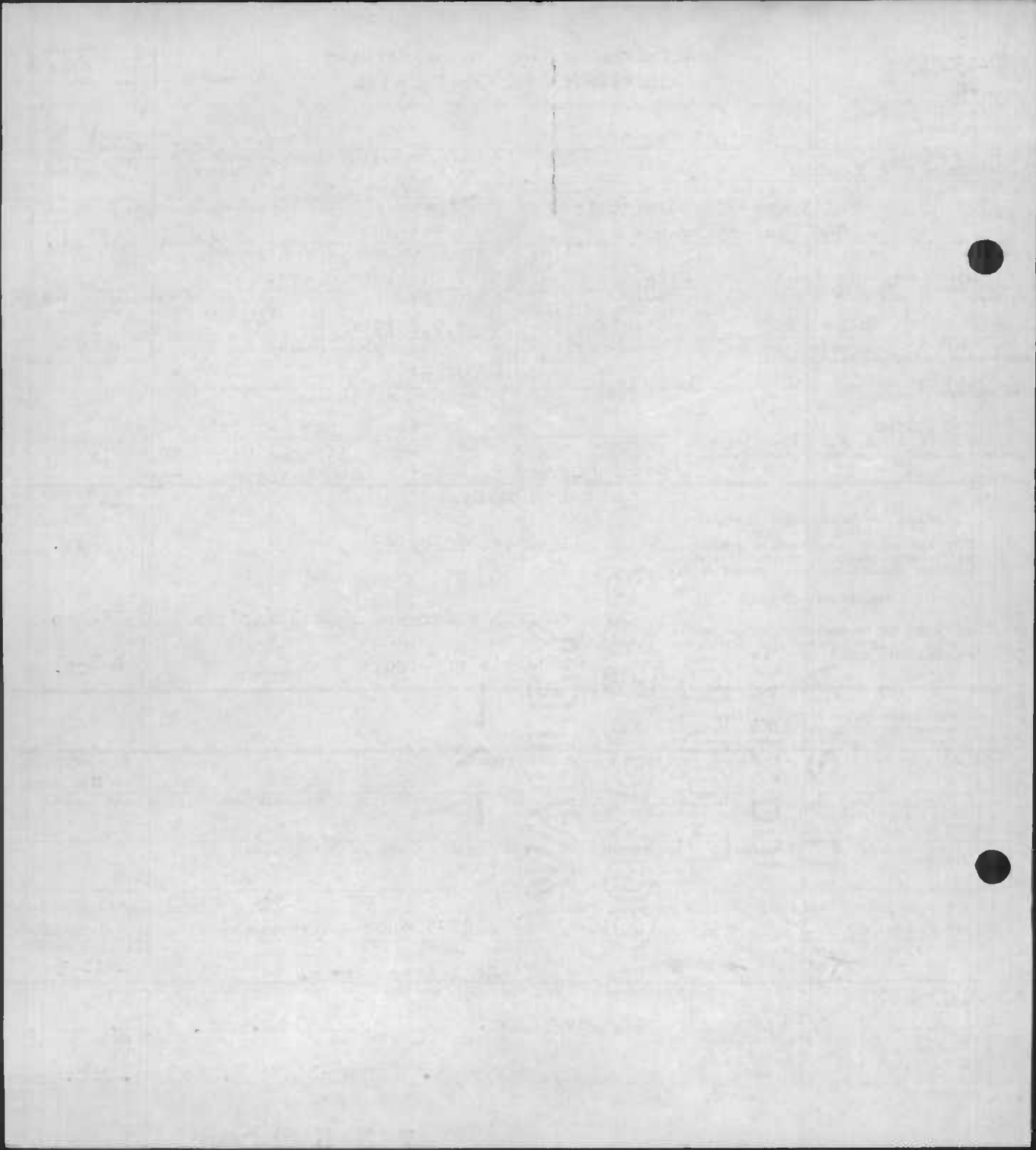
590 4G

182 Lewis

124 B

510 20 2 3 5 0

MEDICAL CERTIFICATION



51 7375

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7375

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		ROBERT G. SMITH		2. DATE OF DEATH Aug. 20, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 221 N. Rose St.		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-02			
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 221 N. Rose St.			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 3, 1906	9. AGE (In years last birthday) 45	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brewer		10B. KIND OF BUSINESS OR INDUSTRY Gunther's Brewery		11. BIRTHPLACE (State or foreign country) Balto. Md.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Addie ?			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, No or (unknown) No		16. SOCIAL SECURITY NO. 215-05-4023		17. INFORMANT ADDRESS Mrs. Melisse Smith 221 N. Rose St.	

18. 420.1	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <u>Coronary occlusion</u>	<u>Several minutes</u>	
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <u>William Woods</u> M. D.		
	(C) CHIEF OR ASST. MEDICAL EXAMINER		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from P.O.A, 19 , to 8/22/51, 19 , that I last saw the deceased alive on , 19 , and that death occurred at 10:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE <u>Benj. B. Moss</u> M. D. <u> </u>	23B. ADDRESS <u>448 N. Luzerne Ave</u>	23C. DATE SIGNED <u>8/22/51</u>
---	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>8/24/51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Bethel Cem.</u>	24D. LOCATION (City, town, or county) (State) <u>Alexandria, Va.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>UG 2 21951</u>	REGISTRAR'S SIGNATURE <i>Walter F. Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Wm. I. Tucker & Sons, Inc. Balt. Md.</i>	ADDRESS

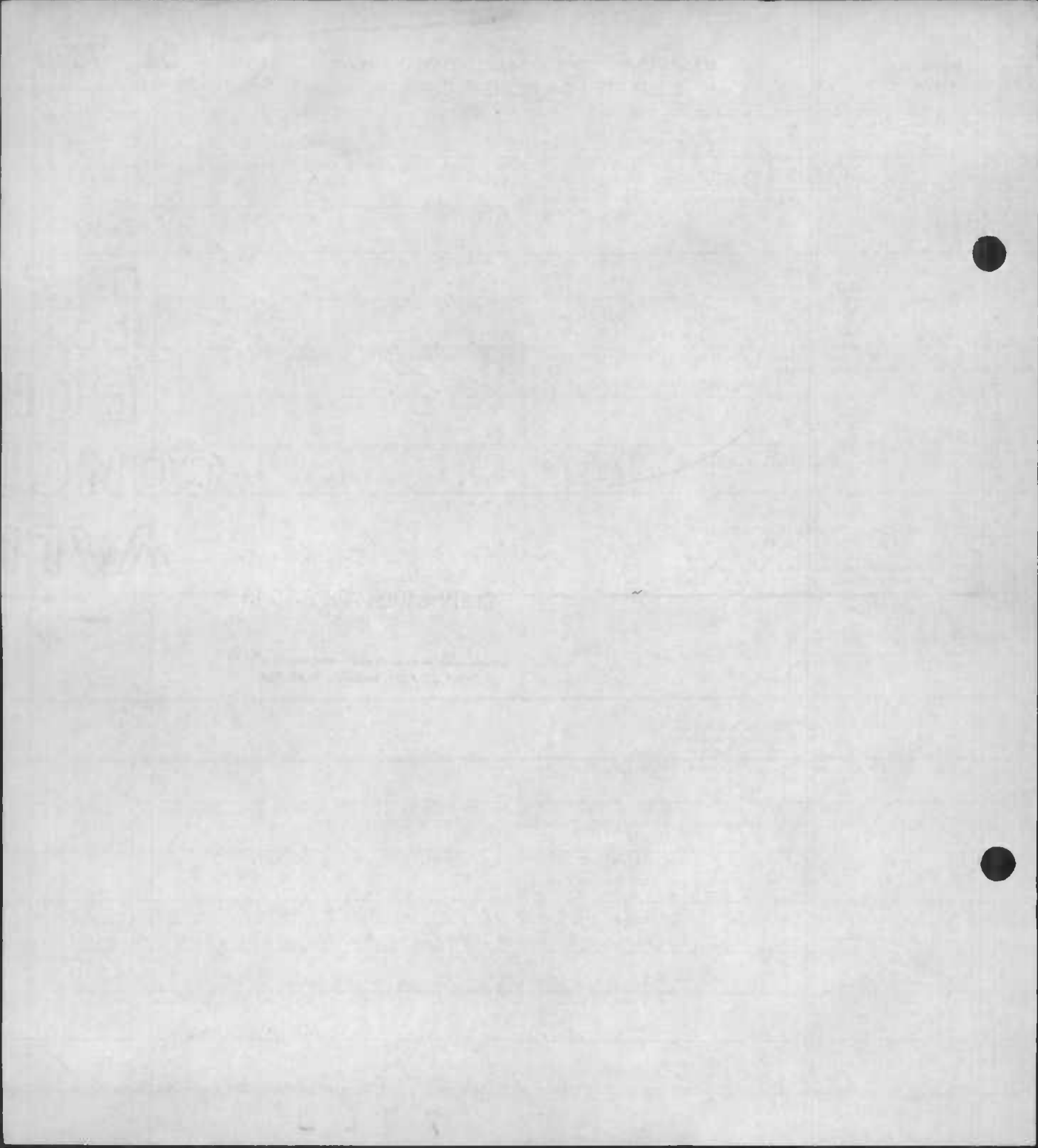
UG 2 31951
VS 150

VS 150

4 5 5 8446 7 3 6 0

94a

MEDICAL CERTIFICATION



22
7376BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7376

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Louise W. Ferguson</i>		2. DATE OF DEATH <i>8-22-67</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 13-08</i>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>4116 Fall Road</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>8-23-1883</i>	9. AGE (In years last birthday) <i>67</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>AT HOME</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>S. Whitely Waaford</i>		14. MOTHER'S MAIDEN NAME <i>Sydia Lowe</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT ADDRESS <i>James W. Ferguson 4116 Fall Rd.</i>	
18. <i>420.0 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Myocardial infarction</i> DUE TO (B) <i>Anterior wall of left</i> DUE TO <i>diaphragm</i> (C)		INTERVAL BETWEEN ONSET AND DEATH <i>5 mos.</i>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>7-3</i> , 19 <i>51</i> , to <i>8-22</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>8-22</i> , 19 <i>51</i> , and that death occurred at <i>10:57</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Richard S. Nelson</i>		23B. ADDRESS <i>Baltimore 18 Maryland</i>		23C. DATE SIGNED <i>Aug 22, 1951</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>8/25/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>DAVID RIDGE</i>	
24D. LOCATION (City, town, or county) (State) <i>PIKESVILLE MD.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 23 1951</i>		25. FUNERAL DIRECTOR ADDRESS <i>Wm. J. Tietner & Sons Inc Balto Md.</i>	

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200
51 7377

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7377
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Mrs. Lucy E. Duke.</i>		2. DATE OF DEATH <i>August 23, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>16-08</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>806 Woodington Road</i>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore <i>33--</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>806 Woodington Road</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Apr. 24, 1893</i>
9. AGE (In years last birthday) <i>58</i>		10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House-wife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>	
11. BIRTHPLACE (State or foreign country) <i>W. Va.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Nathaniel O. Bacon</i>		14. MOTHER'S MAIDEN NAME <i>Malvina Johnson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT <i>Thomas F. Duke</i>		ADDRESS <i>806 Woodington Road</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Coronary Occlusion</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerosis, C. V. Dis</i> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Diabetes mellitus, Cholecystitis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 hrs.</i> <i>?</i>	
19A. DATE OF OPERATION <i>Aug 23, 1951</i>		19B. MAJOR FINDINGS OF OPERATION <i>Diabetes mellitus, Cholecystitis</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____			
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <i>August 1, 1951</i> , to <i>August 23, 1951</i> , that I last saw the deceased alive on <i>August 23, 1951</i> and that death occurred at <i>3:15 p.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Leo G. Hall</i>		23B. ADDRESS <i>1035 St. Paul St.</i>	
23C. DATE SIGNED <i>August 23, 1951</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>8-28-1951</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 23 1951</i>		REGISTRAR'S SIGNATURE <i>G. Howard Strong</i>	
25. FUNERAL DIRECTOR <i>G. Howard Strong</i>		ADDRESS <i>3207 W. North Ave.</i>	

MEDICAL CERTIFICATION

RECEIVED
JAN 10 1964
U.S. DEPT. OF AGRICULTURE
WASHINGTON, D.C.

42
51 7378
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7378
Registered No.1. NAME OF DECEASED
(Type or Print)

Lawrence F. Jaskulski

2. DATE
OF
DEATH

August 22, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)A. STATE
MarylandC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2540 Fleet Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 6, 1891

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Stationary engineer

10B. KIND OF BUSINESS OR
INDUSTRY

Nat. Cyl. Gas

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Michael Jaskulski

1700 Newkirk Street

14. MOTHER'S MAIDEN NAME

Stanislawa Warczynski

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

220-05-8230

17. INFORMANT

ADDRESS

Mrs. Catherine Jaskulski-2540 Fleet St.

18. 4201 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm. H. Kammer, J.

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR

23C. DATE SIGNED

August 22, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or County)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 23 1951

John M. Wehby

John M. Wehby

401 S. Chester

58348 7303

94a 127

CONFIDENTIAL & NOT FOR PUBLICATION

Page 1

[The following text is extremely faint and largely illegible. It appears to be a multi-paragraph document, possibly a memorandum or report, with several lines of text per page. The content is obscured by the quality of the scan.]

122

51 7379

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 7379

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mary Anna Kapiszka (Kapisak)</i>			2. DATE OF DEATH <i>Aug 22 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>27-02</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>30 Jona Terrace</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>60 years</i>			D. STREET ADDRESS (If rural, give location) <i>3020 Jona Terrace</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Jan 6 1877</i>	9. AGE (In years last birthday) <i>74</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (State or foreign country) <i>Poland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
13. FATHER'S NAME <i>P. Novak</i>			14. MOTHER'S MAIDEN NAME <i>unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Mrs. Josephine Adelhardt Jona</i>		
18. <i>332X I</i>		CAUSE OF DEATH			

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebral Thrombosis*
DUE TOINTERVAL BETWEEN ONSET AND DEATH
1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Hypertension Cardiac*
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

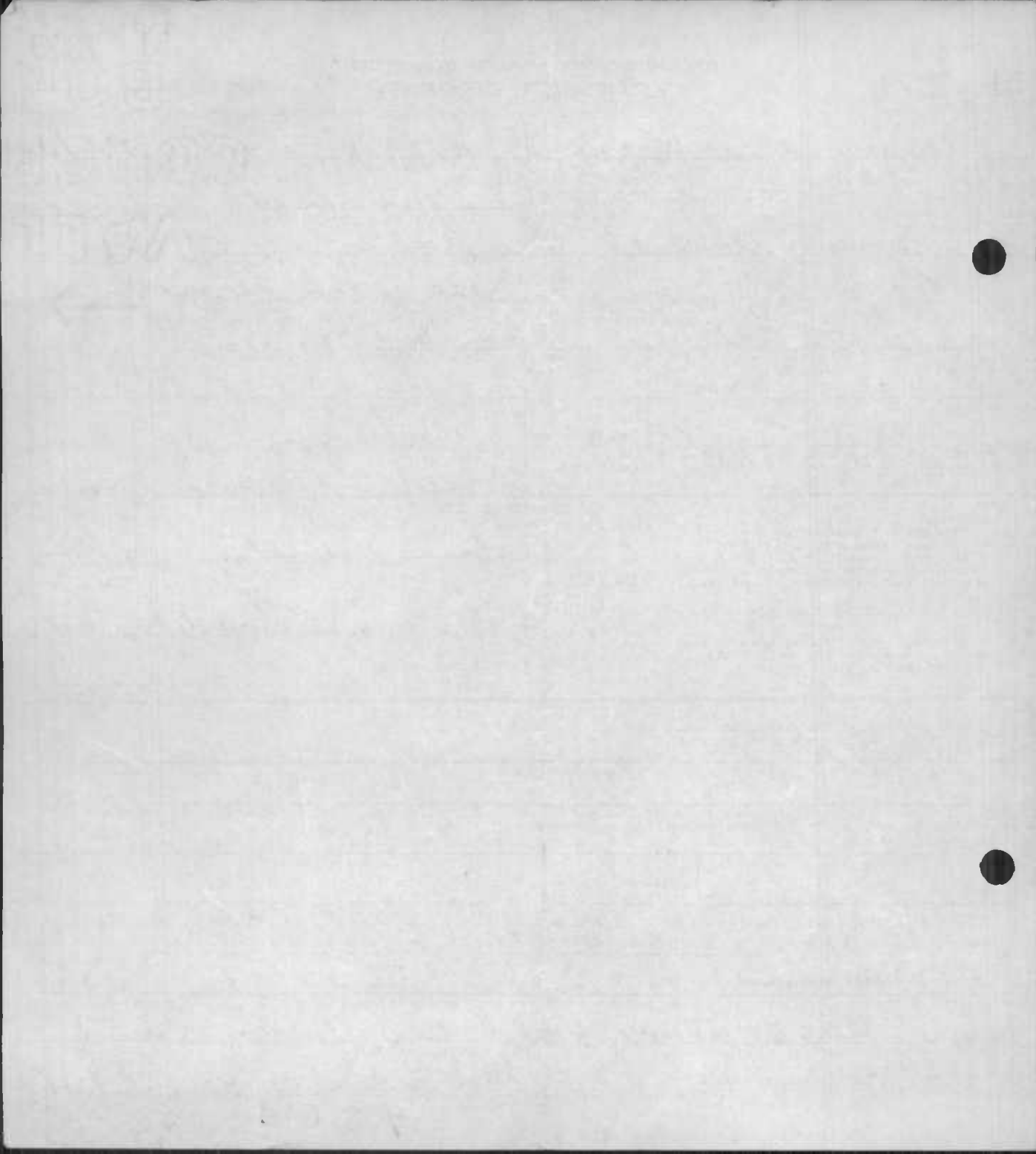
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *1-1-43*, 19__, to *8-22-51*, that I last saw the deceased alive on *8/22/51*, and that death occurred at *1:50* A. M., from the causes and on the date stated above.

23A. SIGNATURE <i>H. H. H. H. H.</i>		23B. ADDRESS <i>1710 E 33rd St</i>		23C. DATE SIGNED <i>8-23-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>Aug 25/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Rosary Cem.</i>	

24D. LOCATION (City, town, or county) (State) <i>Balto. County</i>		24E. FUNERAL DIRECTOR <i>John M. Welby</i>		24F. ADDRESS <i>401 S. Charles</i>	
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DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 23 1951</i>		REGISTRAR'S SIGNATURE <i>William H. Williams</i>		24G. ADDRESS <i>8313 Street</i>	
--	--	---	--	------------------------------------	--



51 7380

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7380

Registered No.

BIRTH NO. 7-450

1. NAME OF DECEASED
(Type or Print)

Mary Grace Talina

2. DATE OF DEATH

August 22, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY Anne Arundel

B. FULL NAME OF (If not in hospital or institution, give street address or location)

50. Balto. Gen'l. Hosp. (D.O.A.)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Severn (Rural)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

Donaldson Ave. & Clark's Road

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

1888

9. AGE (In years last birthday)

(61) 03

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife (retired)

10B. KIND OF BUSINESS OR INDUSTRY

own Home

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Dominic Picarella

14. MOTHER'S MAIDEN NAME

Elizabeth (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Vincent J. Talina, Severn (rural)

18. 760x I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Diabetic Coma?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Coronary thrombosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-22 - 1951 to 8-22, 1951, that I last saw the deceased alive on 8-22, 1951, and that death occurred at 3:30 pm., from the causes and on the date stated above.

23A. SIGNATURE

Yung Tsing Wong

M. D.

23B. ADDRESS

South Baltimore General Hospital

23C. DATE SIGNED

8-22-1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

8/24/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

AUG 23 1951

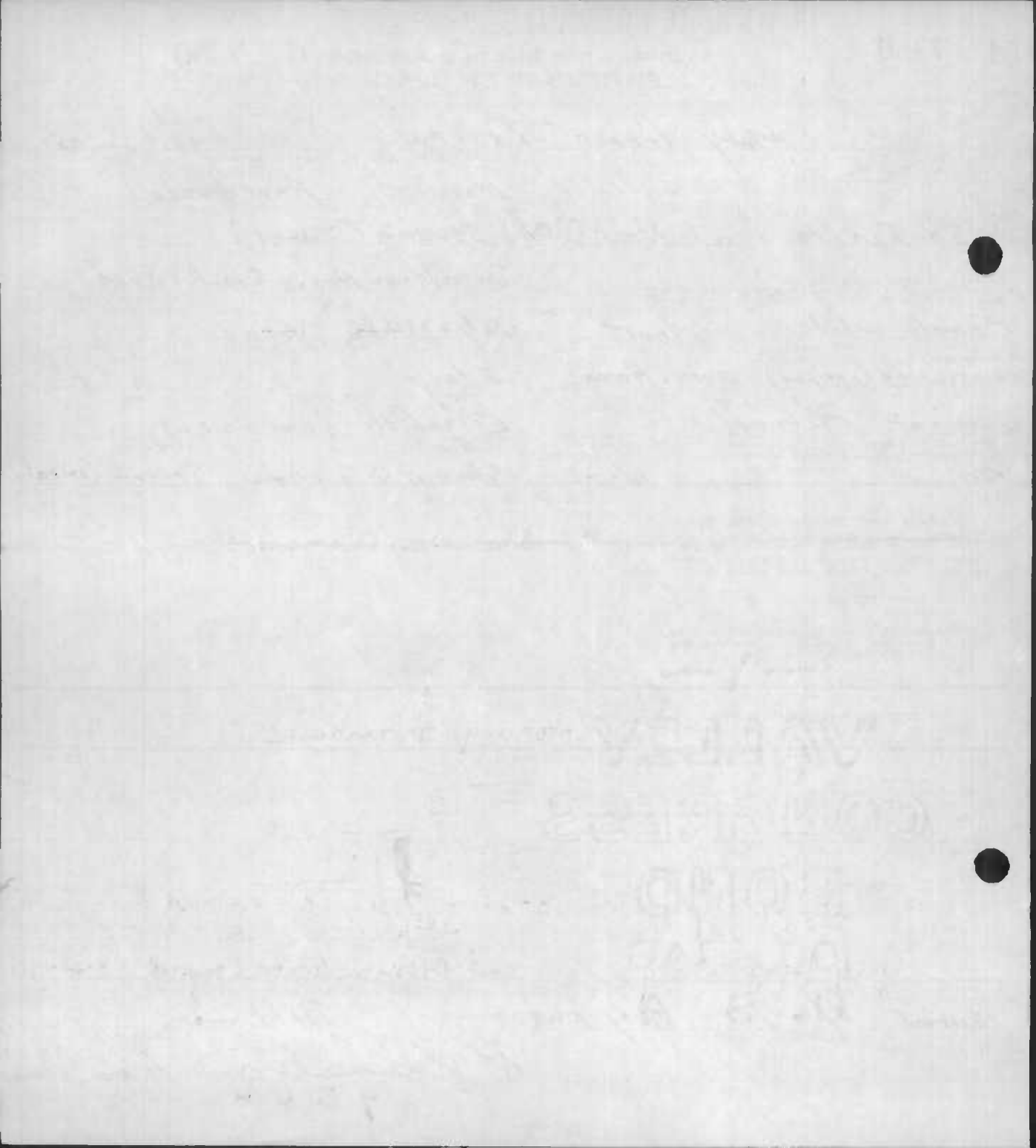
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

P. V. King

ADDRESS

Hen Bury



51 7381 CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 7381 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM W. FEARS		2. DATE OF DEATH August 21, 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore	
b. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 50 Yrs. MO DAY		d. STREET ADDRESS (If rural, give location) 5613 Wayne Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 9, 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Grocery Store	9. AGE (In years last birthday) 68 yrs 7 11. BIRTHPLACE (State or foreign country) Middlesex County, Va.
13. FATHER'S NAME Charles Leighton Fears		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 215-03-6946	
17. INFORMANT Mrs. Emily J. Fears		ADDRESS 5613 Wayne Avenue	

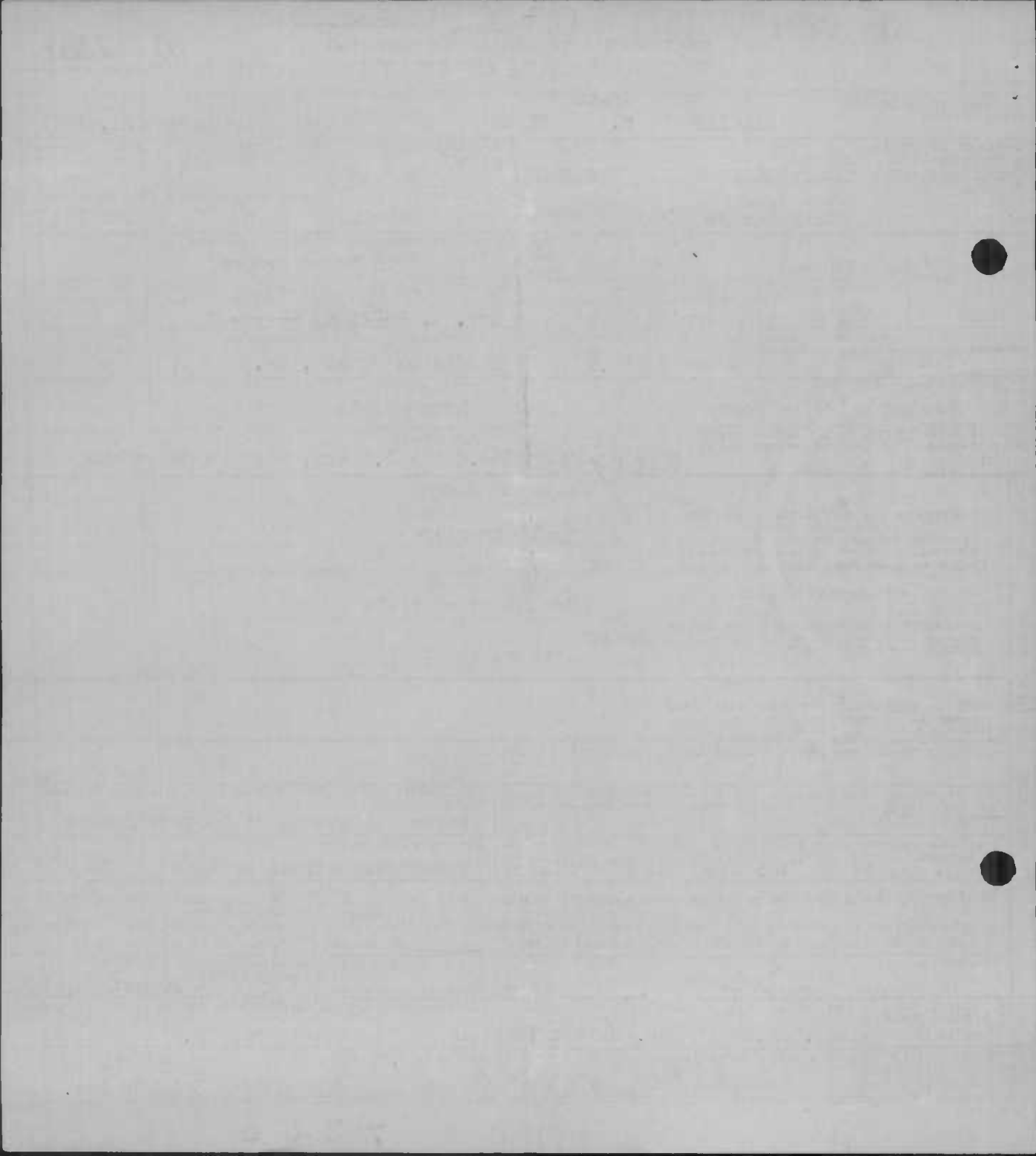
18. E8124 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Skull fracture XXXXXX	CAUSE OF DEATH (A) Skull fracture	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Contusion of brain XXXXXX	(B) Contusion of brain	
Crushed chest XXXXXX	(C) Crushed chest	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Gwynn Oak Avenue at Rodgers Avenue
21d. TIME (Month) (Day) (Year) (Hour) Aug. 21, 1951 7:05 A. m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Pedestrian struck by auto
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23a. SIGNATURE <i>William W. Fears</i>	23b. CHIEF MEDICAL EXAMINER M.D. E. Miller Lamoreau	23c. DATE SIGNED August 22, 1951

24a. BURIAL, CREMA-TION, REMOVAL (Specify) Burial	24b. DATE Aug. 24, 1951	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	24d. LOCATION (City, town, or county) (State) Baltimore, Md.
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DATE RECEIVED BY LOCAL REGISTRAR AUG 24 1951	REGISTRAR'S SIGNATURE <i>William W. Fears</i>	25. FUNERAL DIRECTOR E. Miller Lamoreau	ADDRESS 4510 Liberty Heights Ave.
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VS 151 N-804.2 29964 007366 170C



346
51 7382BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7382

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Miriam E. Adler		2. DATE OF DEATH Aug. 22nd. 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 5709 Ranny Rd.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Balto, Md, B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION at her home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 27-15			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 5709 Ranny Rd.			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced.	8. DATE OF BIRTH June 27th. 1899	9. AGE (In years, last birthday) 52	10. Under 1 Year Months Days 1 25
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Reading Pa.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Samuel Einstein		14. MOTHER'S MAIDEN NAME Bertha Deafoos	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Tarkoff 5709 Ranny Rd.	
18. 204.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Myelogenous Leukemia		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(A) DUE TO			
		(B) DUE TO			
		(C) DUE TO			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Stillington Rd	
22. I hereby certify that I attended the deceased from May 28 , 19 51 , to Aug 22 , 19 51 , that I last saw the deceased alive on 8/22 , 19 51 , and that death occurred at 8 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE William C. Applegate		23B. ADDRESS M. O. 2511 Kensington Rd		23C. DATE SIGNED 8/23/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug. 27/51.		24C. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery	
24D. LOCATION (City, town, or county) Stillington		24E. FUNERAL DIRECTOR David J. ...		24F. ADDRESS 1902 Eutaw Place	
DATE RECEIVED BY LOCAL REGISTRAR AUG 24 1951		REGISTRAR'S SIGNATURE William C. Applegate			

W

51 7383

51 7383

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jennie Cohen

2. DATE
OF
DEATH

August 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2476 Shirley Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2404 W ColdSpring Lane

C. Length of stay in Baltimore

53 Yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1883

9. AGE (In years
last birthday)

68

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Abe Snyder

14. MOTHER'S MAIDEN NAME

Sophia ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, No or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Simon Cohen 2404 W ColdSpring Lane

18. 180X CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Malignant lymphoma
DUE TO with general full metastases

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)INTERVAL BETWEEN
ONSET AND DEATH

? 6 mos

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

2 yrs ?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1951 to Aug 23, 1951 that I last saw the deceased alive on Aug 23, 1951, and that death occurred at 4:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

3429 Liberty Heights Rd 8-13-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Aug 24, 1951

24C. NAME OF CEMETERY OR CREMATORY

Workmen Circle Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

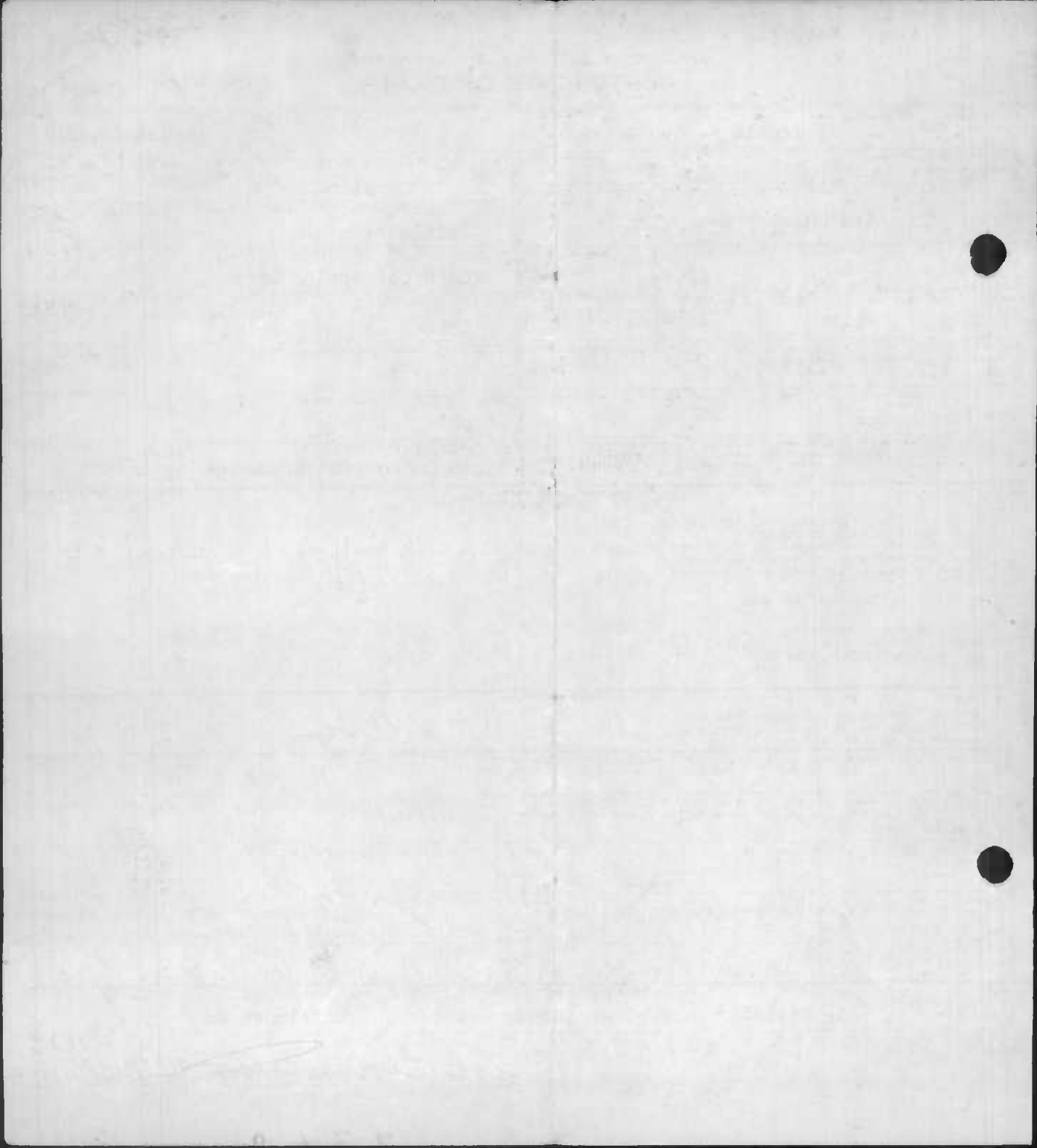
AUG 24 1951

Sol Lewinowski Bros W North ave

VS 150

52a

MEDICAL CERTIFICATION



460 51 7384

over

51 7384

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

Wicomico

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Md Salisbury

D. STREET ADDRESS (If rural, give location)

1116 N. Calvert St. Quantico Rd. Rt. 3

Yrs.
Mos.
Days

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Oliver Catlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Hospital Records

ADDRESS

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Pulmonary T.B.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C) CHIEF OR ASST. MEDICAL EXAMINER

CERTIFICATION APPROVED BY

R. J. K. Davis, M.D.

Stanley H. Swickard, M.D.

CHIEF OR ASST. MEDICAL EXAMINER

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from J.C.A., 19__, to ____, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at 1:50 P.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

8/25/51

24C. NAME OF CEMETERY OR CREMATORY

Parson's Cemetery

24D. LOCATION (City, town, or county)

Salisbury

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 24 1951

VS 150

The Hill & Johnson Co Salisbury Ind.

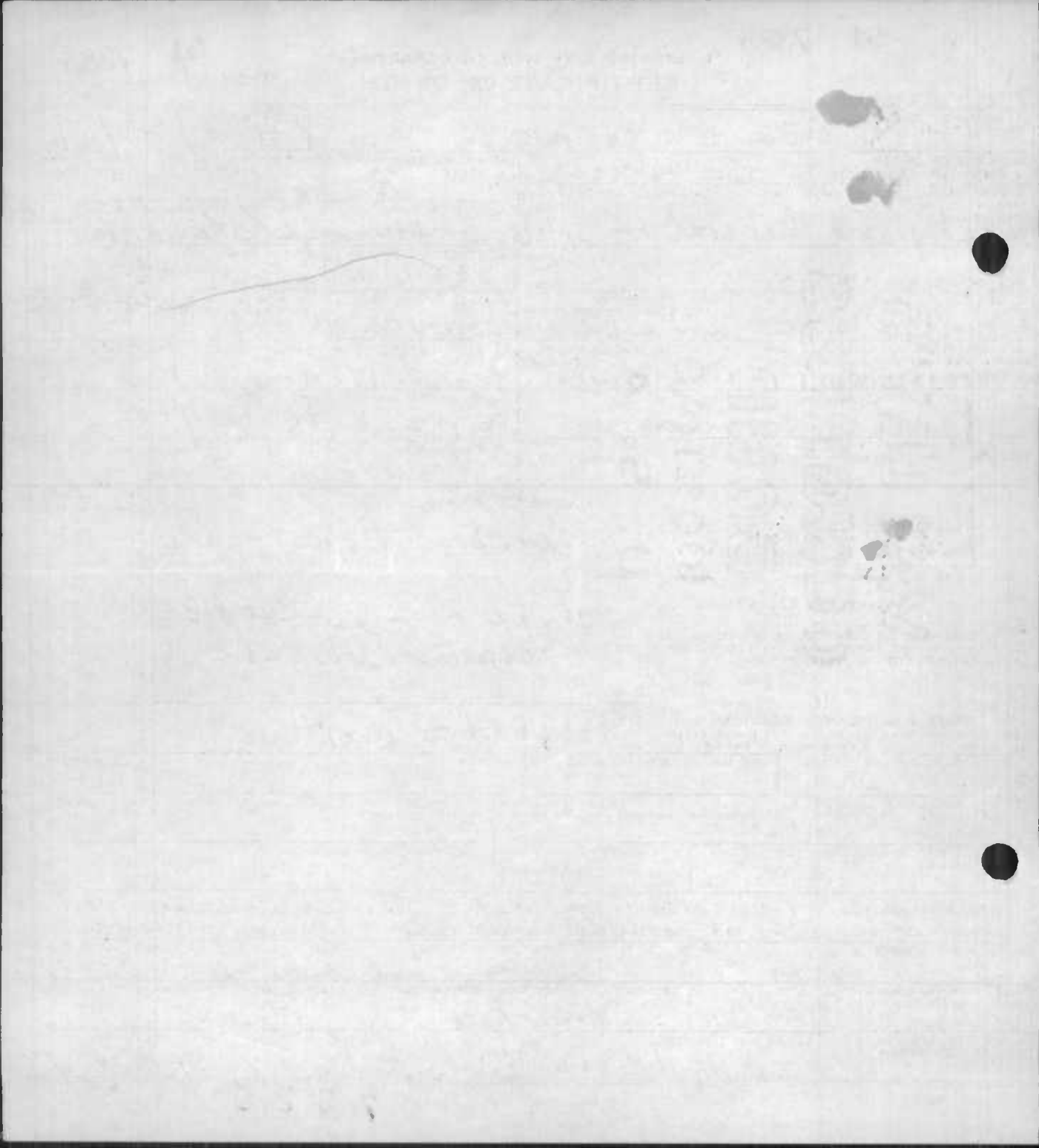
George C Hill #132

132

MEDICAL CERTIFICATION

Item #4 corrected from information in Bureau of Tuberculosis
10-26-51

<div style="display: flex; justify-content: space-between;"> 520 51 7385 BALTIMORE CITY HEALTH DEPARTMENT 51 7385 </div> <div style="display: flex; justify-content: center; align-items: center;"> CERTIFICATE OF DEATH Registered No. </div>					
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>Lou E. Young</u>		2. DATE OF DEATH <u>8/23/51</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Penna</u> B. COUNTY <u>V-35</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Maryland General Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore Shamokin</u>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <u>233 W. Walnut St.</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>January 23, 1883</u>	9. AGE (In years, last birthday) <u>68</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Thomas Umpleby</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Boyle</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
18. <u>443X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		CAUSE OF DEATH <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		<u>Hypertensive Cardio-vascular Disease</u>		<u>?</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<u>Diabetes Mellitus.</u>			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>8/20, 1951</u> to <u>8/23, 1951</u> , that I last saw the deceased alive on <u>8/23, 1951</u> , and that death occurred at <u>6:35 pm.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>[Signature]</u>		23B. ADDRESS <u>Maryland Ave. Hops</u>		23C. DATE SIGNED <u>8/23/51</u>	
24A. BURIAL - CREMATION, REMOVAL (Specify) <u>Removal</u>		24B. DATE <u>8/24/51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Shamokin</u>	
24D. LOCATION (City, town, or county) <u>Penna.</u>		24E. DATE RECEIVED BY LOCAL REGISTRAR <u>AUG 27 1951</u>			
REGISTRAR'S SIGNATURE <u>Wm. Cook Inc.</u>		25. FUNERAL DIRECTOR ADDRESS <u>1217 St. Paul St.</u>			



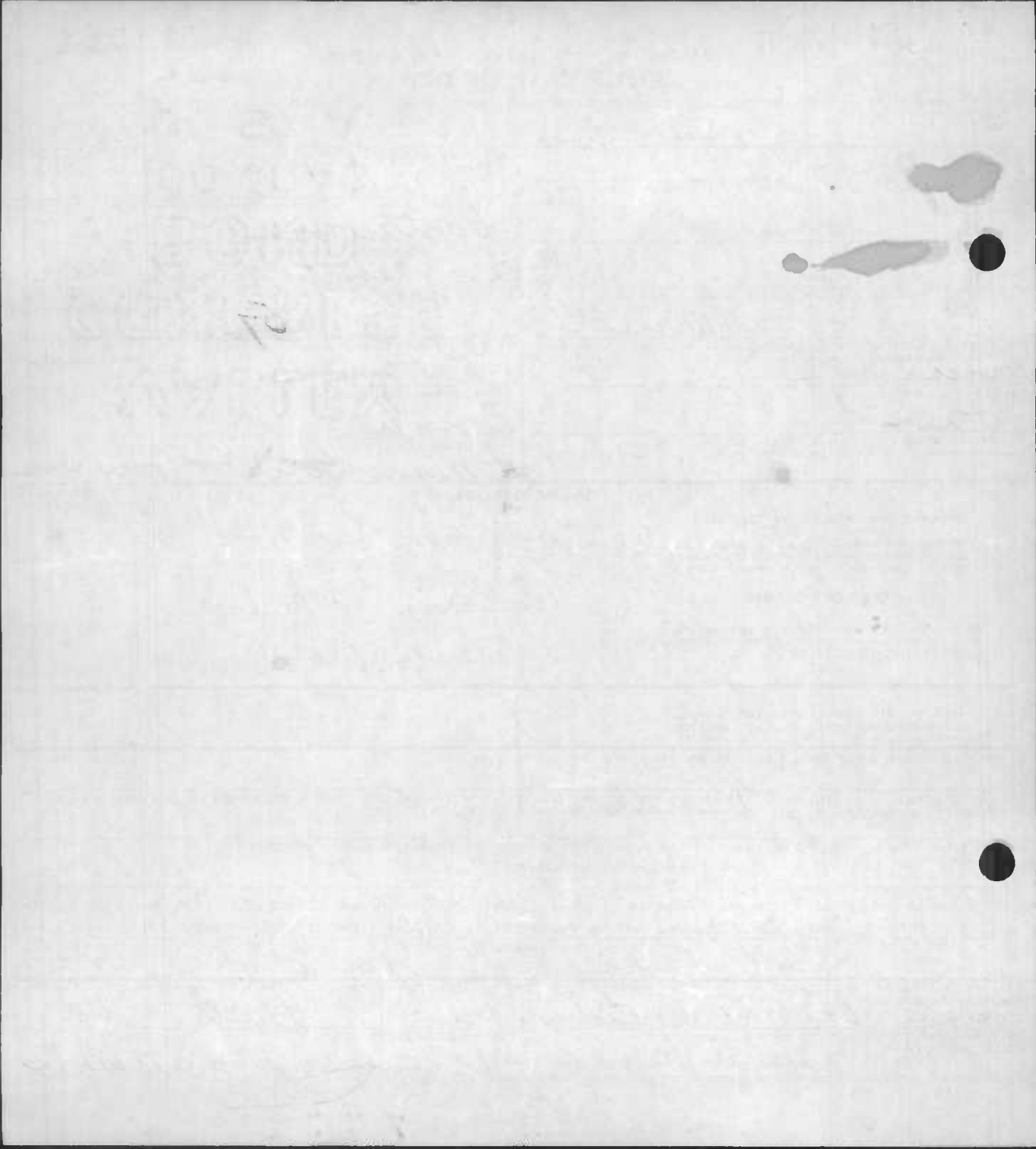
430 51 7386

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7386
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Elizabeth Gold</i>		2. DATE OF DEATH <i>8/23/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Smear</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 15-05</i>			
C. Length of stay in Baltimore <i>33</i> Yrs. <i>33</i> Months <i>33</i> Days		D. STREET ADDRESS (If rural, give location) <i>2603 Liberty Heights Ave</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>8/23/18</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <i>33</i>	
11. BIRTHPLACE (State or foreign country) <i>Russia</i>		12. CITIZEN OF WHAT COUNTRY? <i>Russia</i>		13. FATHER'S NAME <i>John</i>	
14. MOTHER'S MAIDEN NAME <i>Brina</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>William Gold</i>		ADDRESS <i>Home</i>			

18. <i>153X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Metastatic Carcinoma</i>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (A)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Carcinoma of Hepatic Flexure of Colon</i>		
DUE TO (B)		
DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
22. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Aug 18, 1951</i> to <i>Aug 23, 1951</i> , that I last saw the deceased alive on <i>Aug 23, 1951</i> and that death occurred at <i>6:30 P.M.</i> from the causes and on the date stated above.		23A. SIGNATURE <i>Leon E. Hassel</i> M. O.		23B. ADDRESS <i>Main Hospital</i>	
23C. DATE SIGNED <i>8/23/51</i>		24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>8-24-51</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>United Hebrew</i>		24D. LOCATION (City, town, or county) <i>Balto</i>		24E. (State) <i>Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 24 1951</i>		REGISTRAR'S SIGNATURE <i>William Williams, Jr.</i>		25. FUNERAL DIRECTOR <i>Jack Lewin</i>	
ADDRESS <i>2100 Crestwood Rd</i>					



460
51 7387BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7387

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM ANDREW TAYLOR, JR.		2. DATE OF DEATH August 22, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Anne Arundel	
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Green Haven	
C. Length of stay in Baltimore Life.		D. STREET ADDRESS (If rural, give location) Third & Catherine Sts. 5200	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Oct. 17, 1943
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at school		10B. KIND OF BUSINESS OR INDUSTRY School boy.	9. AGE (In years last birthday) Months: Days 7 yrs.
11. BIRTHPLACE (State or foreign country) Balto.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME William A. Taylor Sr.		14. MOTHER'S MAIDEN NAME Gloria M. Smith.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT William A. Taylor Sr.		ADDRESS Green Haven	

18. E8120 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Skull fracture (A) XXXXXX		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Multiple contusions and abrasions (B) XXXXXX Fracture of right femur (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1300 block of S. Charles Street
21D. TIME (Month) (Day) (Year) (Hour) Aug. 22, 1951 11:45 A.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by truck

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William Howard</i>	23B. CHIEF MEDICAL EXAMINER M.D. <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED August 22, 1951
---	---	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Aug. 25, 1951	24C. NAME OF CEMETERY OR CREMATORY Glen Haben.	24D. LOCATION (City, town, or county) (State) A. A. Co. Md.
--	-----------------------------------	--	---

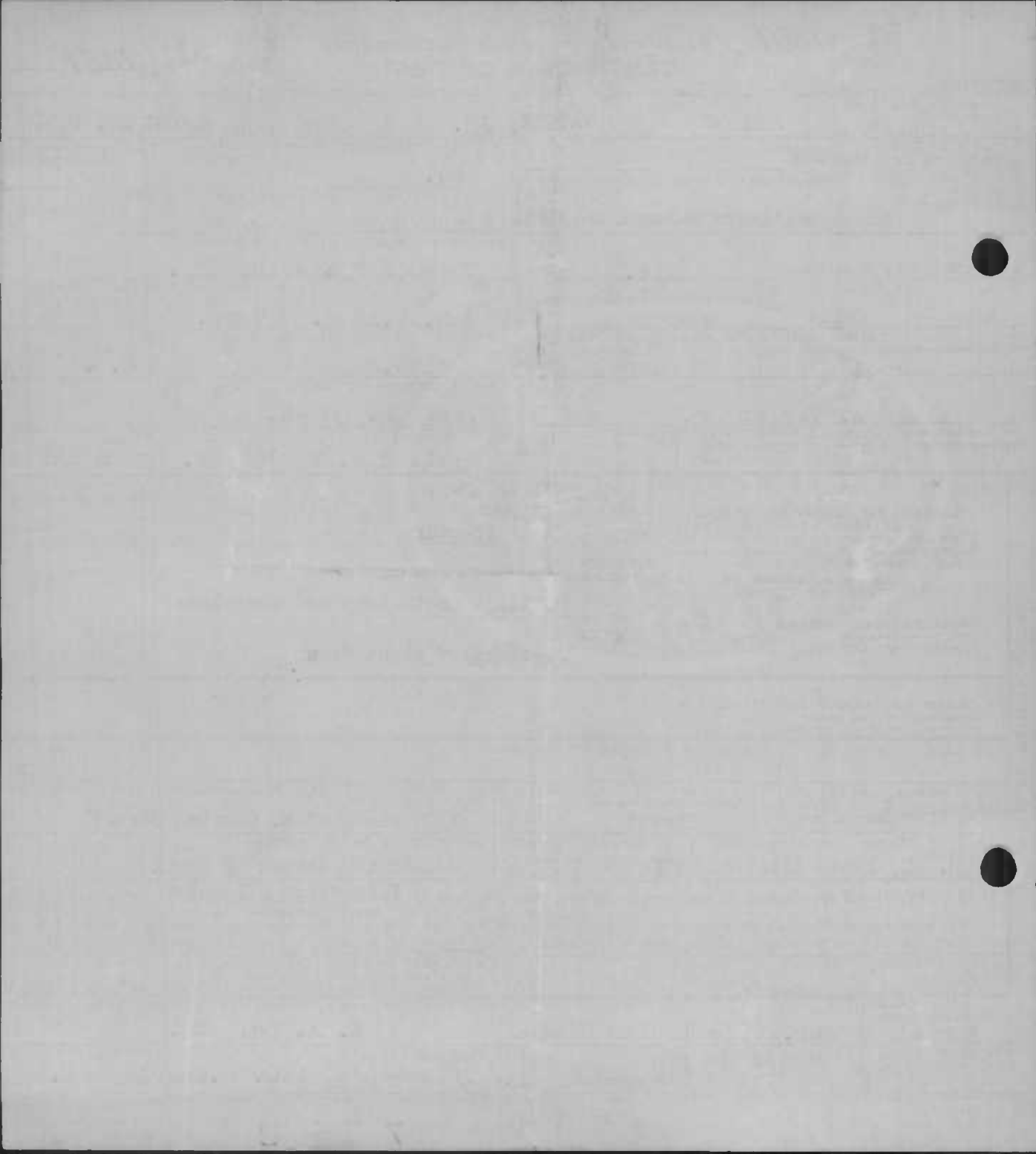
DATE RECEIVED BY LOCAL REGISTRAR AUG 24 1951	REGISTRAR'S SIGNATURE <i>William Howard</i>	25. FUNERAL DIRECTOR U. Lawrence Evans	ADDRESS 1400 S. Charles St.
--	--	--	---------------------------------------

VS 151

N-804.2

1510007372

170c



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7388

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GEORGE W. ARNOLD		2. DATE OF DEATH August 21, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION MERCY (Union Memorial Hospital)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-03	
6. Length of stay in Baltimore 20 years		D. STREET ADDRESS (If rural, give location) 339 E. 25th Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept 18 1905
10A. USUAL OCCUPATION (Give kind of work considering most of work life, even if retired) Refrigeration - Electrician		10B. KIND OF BUSINESS OR INDUSTRY	
9. FATHER'S NAME Walter Arnold		11. BIRTHPLACE (State or foreign country) Maine	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 213-12-8546	
17. INFORMANT Arnold		ADDRESS	

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) **Coronary artery sclerosis**

ONE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

ONE TO

(C)

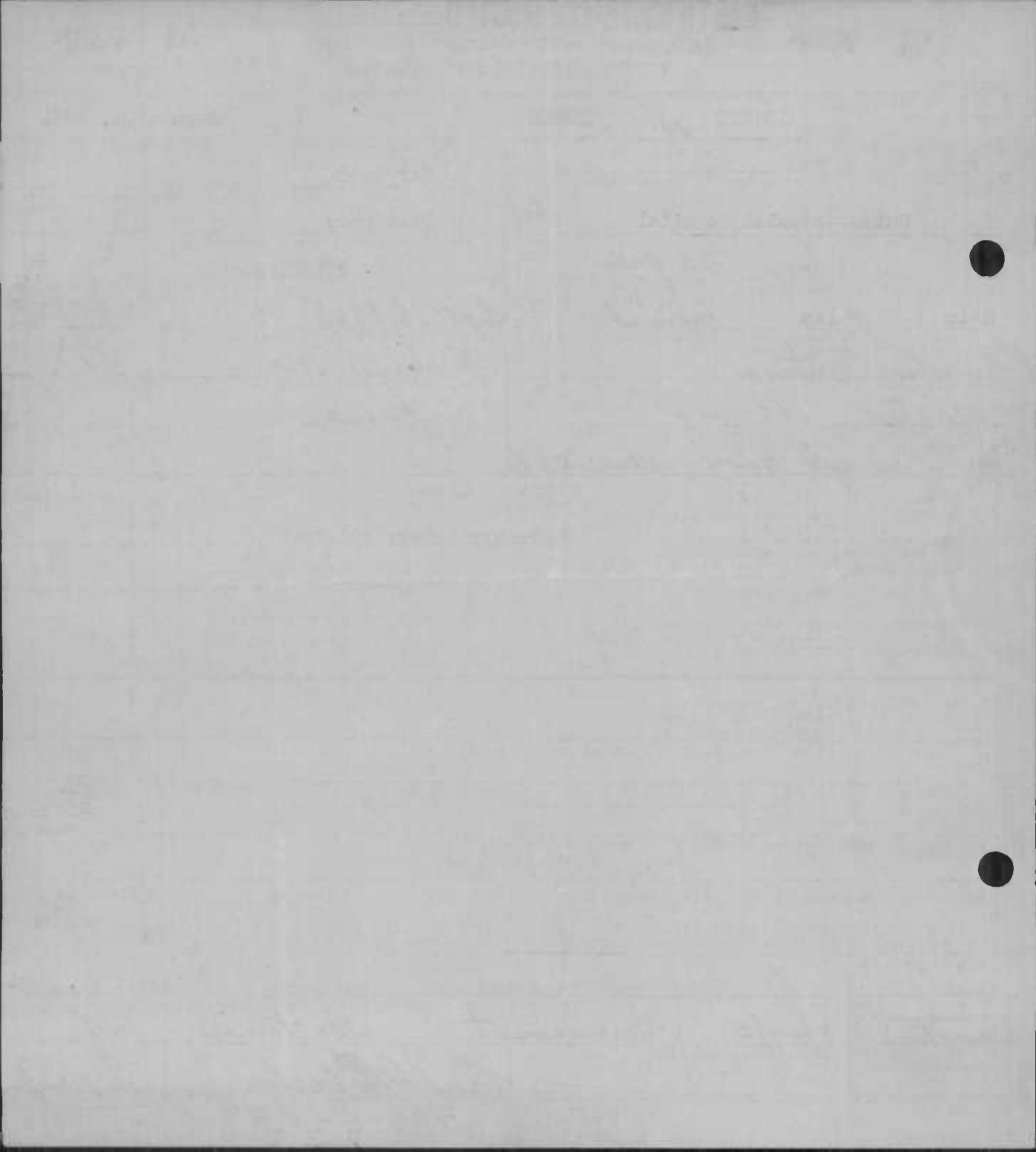
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley N. Denecker M.D.		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23C. DATE SIGNED August 21, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Crementation		24B. DATE 8/24/51		24C. NAME OF CEMETERY OR CREMATORY Greenmount	
DATE RECEIVED BY LOCAL REGISTRAR AUG 24 1951		REGISTRAR'S SIGNATURE Huntington Hall		25. FUNERAL DIRECTOR Carl Robertson Funeral Home	
V S 151		51564		403-8-254 Street	

MEDICAL CERTIFICATION



636 51 7389

51 7389

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

CARTER, IRVIN

2. DATE
OF
DEATH

8/22/51

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

Provident

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED ☒ DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 14-02

d. STREET ADDRESS (If rural, give location)

1710 Etting

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED ☒ DIVORCED (Specify)

8. DATE OF BIRTH

8/16/03

9. AGE (in years)

48

10. Under 1 Year

Months: Days: Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Porter

10b. KIND OF BUSINESS OR INDUSTRY

Phys. Exchange

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF

U.S.A.

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

Dr. W. J. Lohr - Phys. Exchange

ADDRESS

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) arteriosclerotic Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Congestive failure (cardiac)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) INJURY

21e. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/20, 1951, to 8/22, 1951, that I last saw the deceased alive on 8/21, 1951, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE

John H. Holmes III M.D.

23b. ADDRESS

Provident Hosp.

23c. DATE SIGNED

8/22/51

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

8/24/51

24c. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24d. LOCATION (City, town, or county) (State)

Cedar Hill Md.

DATE RECEIVED BY LOCAL REGISTRAR

AUG 24 1951

REGISTRAR'S SIGNATURE

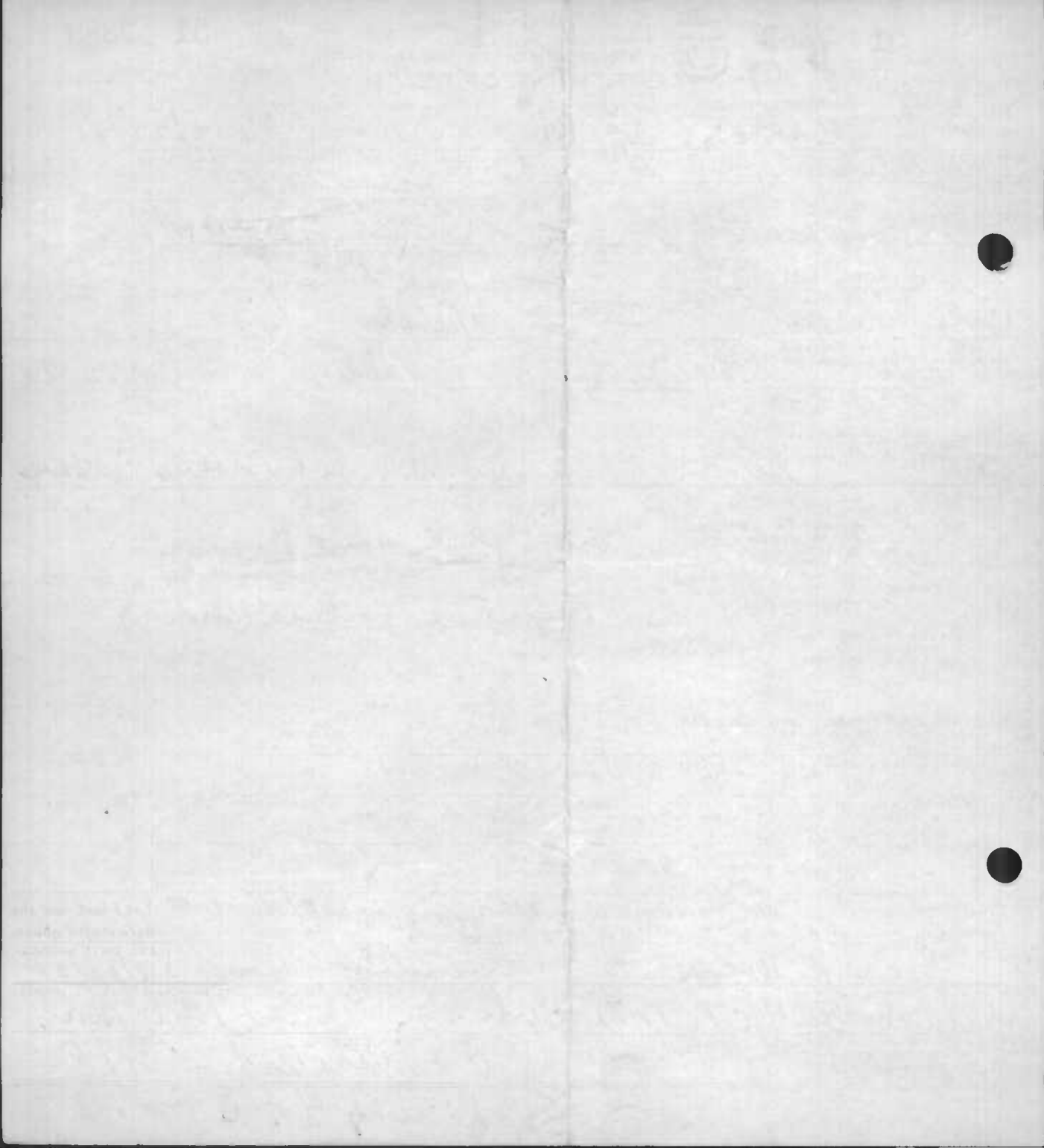
John H. Holmes III

25. FUNERAL DIRECTOR

W. J. Halstead - 918-

ADDRESS

78082 Plumb & Hill ave, 937



51 7390

51 7390

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		MINNIE GOETZ		Aug. 23, 1951	
3. PLACE OF DEATH:				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
A. Baltimore City, Maryland 2044 E. Federal St.				A. STATE Md.	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 2044 E. Federal St.				B. COUNTY	
C. Length of stay in Baltimore				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 2044 E. Federal St.				D. STREET ADDRESS (If rural, give location)	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
F	W	Widowed	Oct. 20, 1886	84	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
Home		At Home		USA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME	
Carl Meusel				Margaretha Wurching	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
No		None		Miss Kathayrn Goetz 209 W. Monument St.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Arteriosclerotic cardio-vascular disease</i> DUE TO INTERVAL BETWEEN ONSET AND DEATH <i>5 yrs.</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 27 Feb. 1950, to 23 Aug. 1951, that I last saw the deceased alive on 22 Aug. 1951, and that death occurred at 1:15 A.M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
John W. Barnaby		1531 E. North Ave.		23 Aug 51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		8/25/51		Mt. Olivet Cem.	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Baltimore, Md.		Wm. J. Tuckner & Sons Inc		Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
AUG 24 1951		[Signature]		[Signature]	

51 7391

51 7391

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Amelia Emma Miller

2. DATE
OF
DEATH

Aug. 23/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2940 E. Fayette St.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
2940 E. Fayette St

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. Md.

D. STREET ADDRESS (If rural, give location)

2940 E. Fayette St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Apr. 3, 1865

9. AGE (in years
last birthday)

86

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

---Glase

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT
John Miller 2940 E. Fayette St

ADDRESS

18. 331 X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

8 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arterio - Sclerosis

DUE TO

Unknown

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 19⁴⁵ to Aug. 23, 1951, that I last saw the
deceased alive on Aug. 23, 1951, and that death occurred at 7⁴⁰ a. m., from the causes and on the date stated above.

23A. SIGNATURE

Philbert Artigiani M. D.

23B. ADDRESS

2942 E. Fayette St.

23C. DATE SIGNED

8/24/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Aug. 25/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cem

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

Philip's Hearings

ADDRESS

2024 Orleans St.

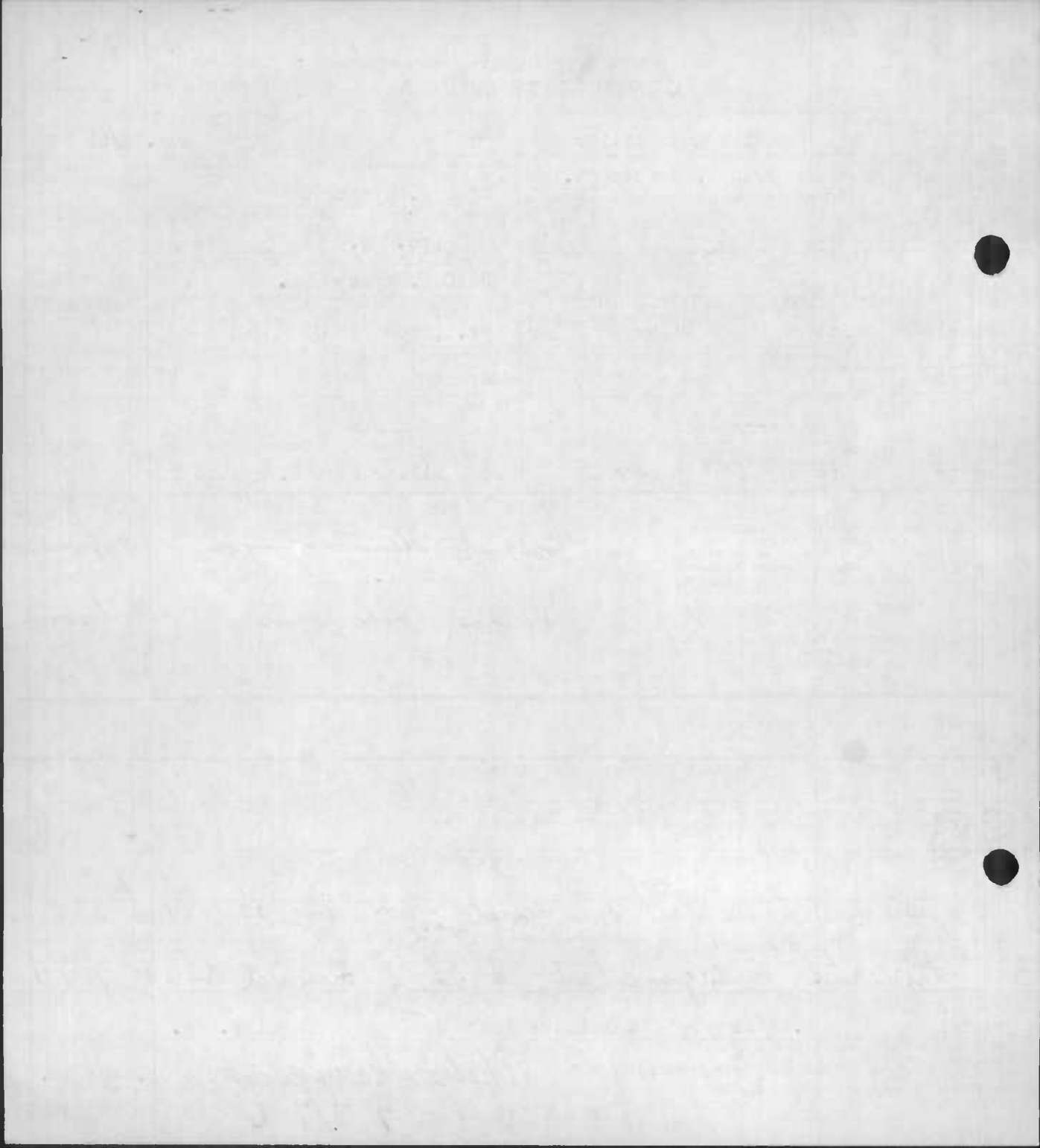
AUG 24 1951

VS 150

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MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 7392
Registered No.

360
1 7392
BIRTH NO.

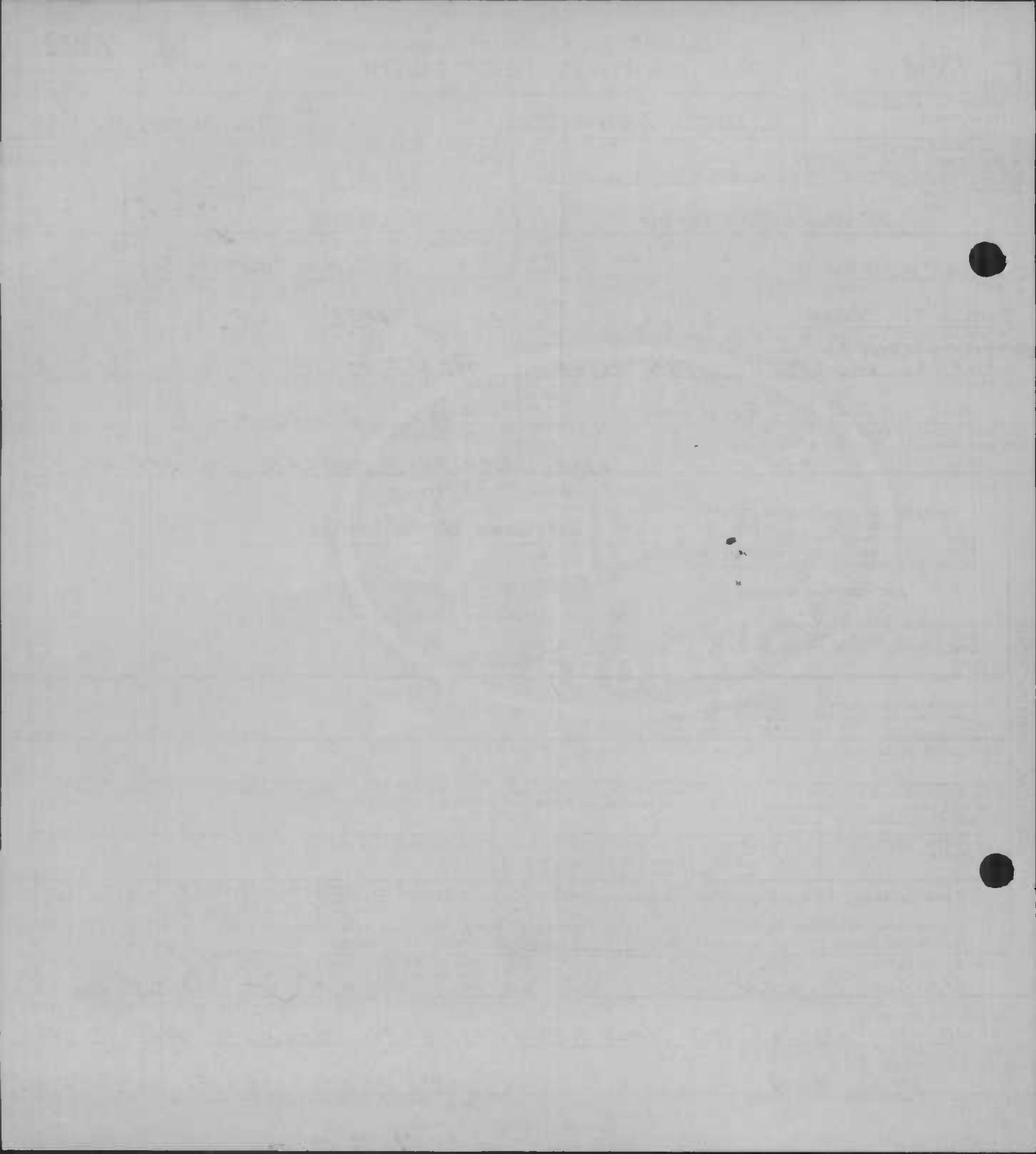
1. NAME OF DECEASED (Type or Print) ELIZABETH ANNA STARR		2. DATE OF DEATH August 22, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY X	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Morgue		C. CITY OR TOWN (If outside corporate limits, with RURAL and give township) Baltimore	
C. Length of stay in Baltimore LIFE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 295 Spring Court - S.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH AUG. 1875
10A. USUAL OCCUPATION (Give kind of work, if not in hospital or institution, give street address or location) GENERAL WORK		10B. KIND OF BUSINESS OR INDUSTRY COTTON MILL	9. AGE (In years last birthday) 75
11. BIRTHPLACE (State or foreign country) BALTIMORE		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME MICHAEL STARR		14. MOTHER'S MAIDEN NAME ROSE DUNNING	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT MARGARET MORGAN		ADDRESS 295 SPRING CT.	

18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of the breast		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 170X		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William J. [Signature]</i>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/>		23C. DATE SIGNED August 22, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE AUG 25 1951	24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER CEM	24D. LOCATION (City, town, or county) (State) BELAIR RD. MD.	
DATE RECEIVED BY LOCAL REGISTRAR AUG 21 1951		25. FUNERAL DIRECTOR Stippel Bros ADDRESS 1800 E LOMBARD ST.		



145
7393BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7393
Registered No.

1. NAME OF DECEASED (Type or Print) Harry F. Babylon			2. DATE OF DEATH August 22, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1420 E. Cold Spring Lane			C. CITY OR TOWN (If outside corporate limits, with RURAL and give township) Baltimore		
C. Length of stay in Baltimore 48 years Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1420 E. Cold Spring Lane		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 6, 1874	9. AGE (In years last birthday) 77	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10B. KIND OF BUSINESS OR INDUSTRY Machine Shop		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? U S A			13. FATHER'S NAME Uriah J. Babylon		
14. MOTHER'S MAIDEN NAME Ellen Koontz			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		
16. SOCIAL SECURITY NO. ---			17. INFORMANT ADDRESS Benner Babylon 908 Argonne Drive		
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Carcinoma of Rectum (with bleeding etc.) DUE TO INTERVAL BETWEEN ONSET AND DEATH Several months ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) acute heart failure - anginal					
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. acute heart failure - anginal					
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION acute heart failure - anginal		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ---		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) ---	
21D. TIME (Month) (Day) (Year) (Hour) INJURY ---		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? ---	
22. I hereby certify that I attended the deceased from 8-20-51 to 8-22-51 , that I last saw the deceased alive on 8-22-51 , and that death occurred at 9:30 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Robert E. Little		23B. ADDRESS 10 W. Madison St.		23C. DATE SIGNED 8-25-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug. 25, 1951		24C. NAME OF CEMETERY OR CREMATORY Meadow Branch	
24D. LOCATION (City, town, or county) (State) Carroll Co., Maryland		25. FUNERAL DIRECTOR ADDRESS Burgee Funeral Home 3631 Falls Road			
DATE RECEIVED BY LOCAL REGISTRAR AUG 24 1951		REGISTRAR'S SIGNATURE William Williams		26. SIGNATURE Horace F. Burgee	

Mr. Luther C. Little
10 N. Madison Ave
Pe. 6404

613
51 7394BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7394
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>James B. Griffith</i>		2. DATE OF DEATH <i>8.23.51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>13 08</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Linai Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write rural, and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>3847 Quarry Avenue</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Feb. 25-1882</i>	9. AGE (In years at birthday) <i>69</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>gardener</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Loyola College</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>John T. Griffith</i>		14. MOTHER'S MAIDEN NAME <i>Alice Gosnell</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>212-32-0598</i>		17. INFORMANT <i>Mrs. Mary C. Griffith</i>	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>151X</i> <i>Carcinomatosis</i> (A) _____ DUE TO _____ ANTECEDENT CAUSES (B) <i>Probable primary site -- stomach</i> (over) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION <i>8.9.51</i>		19B. MAJOR FINDINGS OF OPERATION <i>explorative laparotomy & closure because of inoperability</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8-13</i> , 19 <i>51</i> , to <i>8-23</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>8-23</i> , 19 <i>51</i> , and that death occurred at <i>950</i> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Joseph Taler</i> M. O.		23B. ADDRESS <i>Linai Hospital</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Aug. 27-1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Zion</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Co. Maryland</i>		24E. NAME OF FUNERAL DIRECTOR <i>Burgee Funeral Home</i>		24F. ADDRESS <i>3601 Falls Rd</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 24 1951</i>		REGISTRAR'S SIGNATURE <i>Wm. F. Williams</i>		25. FUNERAL DIRECTOR <i>Horace F. Burgee</i>	

See Document File 51-7324

9/4/51

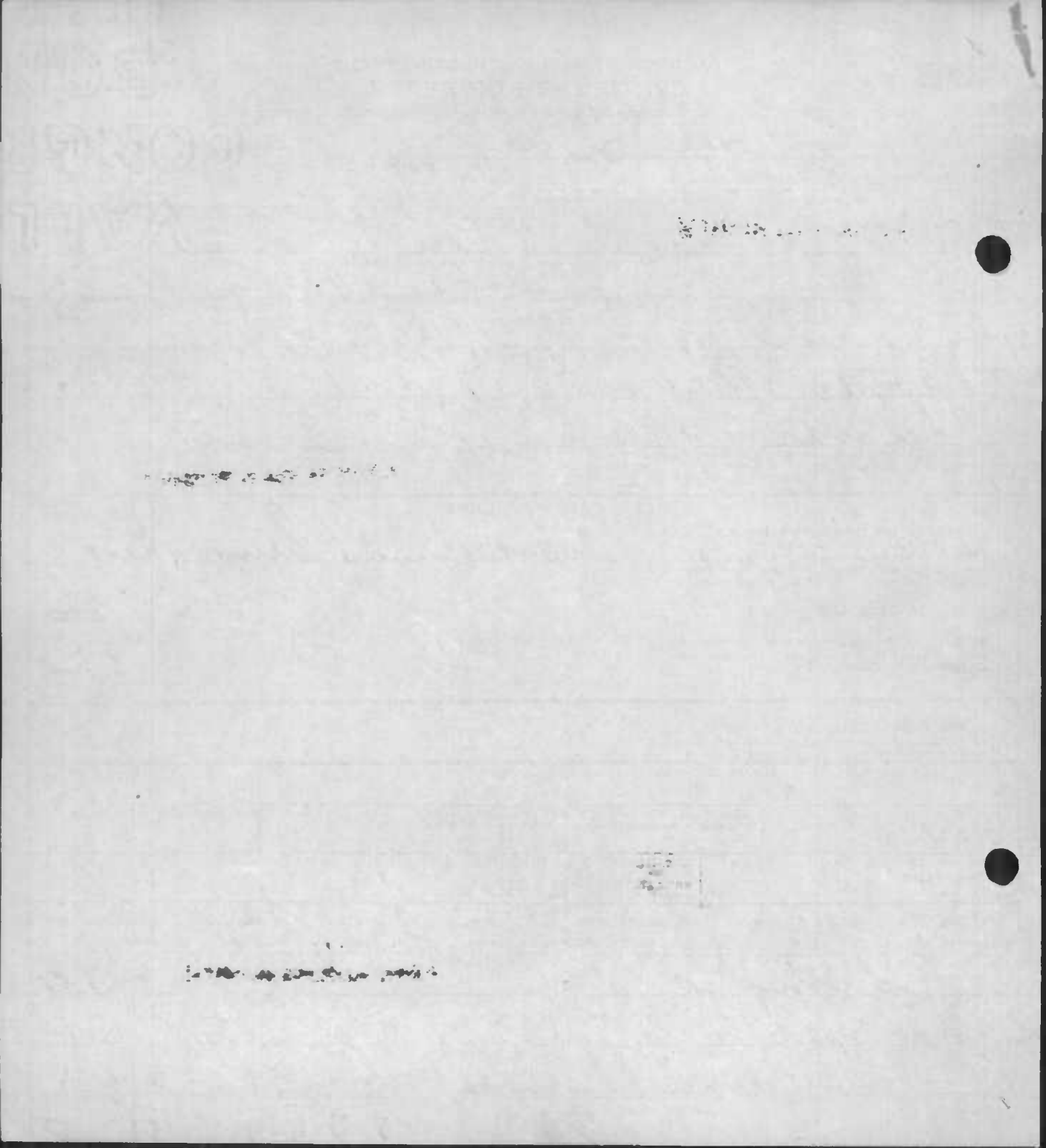
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460
7395BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7395

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>George Tyler</i>		2. DATE OF DEATH <i>Aug 22/51</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived; If institution, residence before admission) a. STATE <i>md</i> b. COUNTY <i>6-04</i>			
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore</i>			
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) <i>421 N. Wolfe St</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>m</i>	8. DATE OF BIRTH <i>3/18/01</i>	9. AGE (in years last birthday) <i>50</i>	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life; or, if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>Newspaper</i>		11. BIRTHPLACE (State or foreign country) <i>Ind.</i>	
13. FATHER'S NAME <i>Dennis Tyler</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth Smith</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>-</i>		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>330X</i>		CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Subarachnoid hemorrhage</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION <i>8/22/51</i>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8/22</i> , 19 <i>51</i> , to <i>8/22</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>8/23</i> , 19 <i>51</i> , and that death occurred at <i>1 P.</i> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>E. S. Nelson Jr</i>		23b. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23c. DATE SIGNED <i>8-23-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>8/26/51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Pleasant Rest Balto</i>	
24d. LOCATION (City, town, or county) <i>Ind.</i>		24e. FUNERAL DIRECTOR <i>Geo. H. Nelson</i>		24f. ADDRESS <i>1303</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 24 1951</i>		REGISTRAR'S SIGNATURE <i>Wm. Williams</i>		25. ADDRESS <i>1036 1/2 N. O. Prentiss St. 83a</i>	



252
7396BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7396

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Flourence Dushong</i>		2. DATE OF DEATH <i>8/24/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>10-02</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION: <i>Mary Hosp</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balt</i>			
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>919 Valley St</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. STATUS <i>WIDOWED</i> (Specify)	8. DATE OF BIRTH <i>Nov 4, 1892</i>	9. AGE (In years last birthday) <i>58</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Page Co. Va</i>	
13. FATHER'S NAME <i>Charles Jenkins</i>		14. MOTHER'S MAIDEN NAME <i>Mary Knight</i>		12. CITIZEN OF WHAT COUNTRY? <i>U S A</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. <i>760X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Coronary occlusion</i> DUE TO (B) <i>Diabetes</i> DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>years</i>
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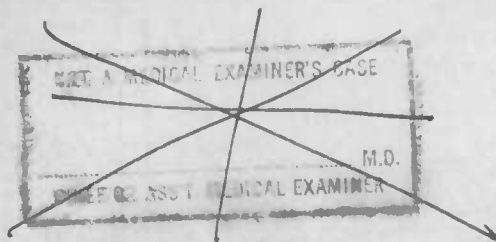
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY

Stanley H. Dineen
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>19-</i> to <i>19-</i> , that I last saw the deceased alive on <i>8/24</i> , 1951, and that death occurred at <i>12:53</i> a. m., from the causes and on the date stated above.		
23A. SIGNATURE <i>J. Rasquin</i>	23B. ADDRESS <i>Mercy</i>	23C. DATE SIGNED <i>8/24/51</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>8/27/51</i>	24C. NAME OF CEMETERY OR CREMATOR <i>National Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 24 1951</i>	REGISTRAR'S SIGNATURE <i>Washington Williams</i>	25. FUNERAL DIRECTOR <i>Wm. Cook, Inc.</i>	ADDRESS <i>1217 88. Paul Street</i>



350
7397BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

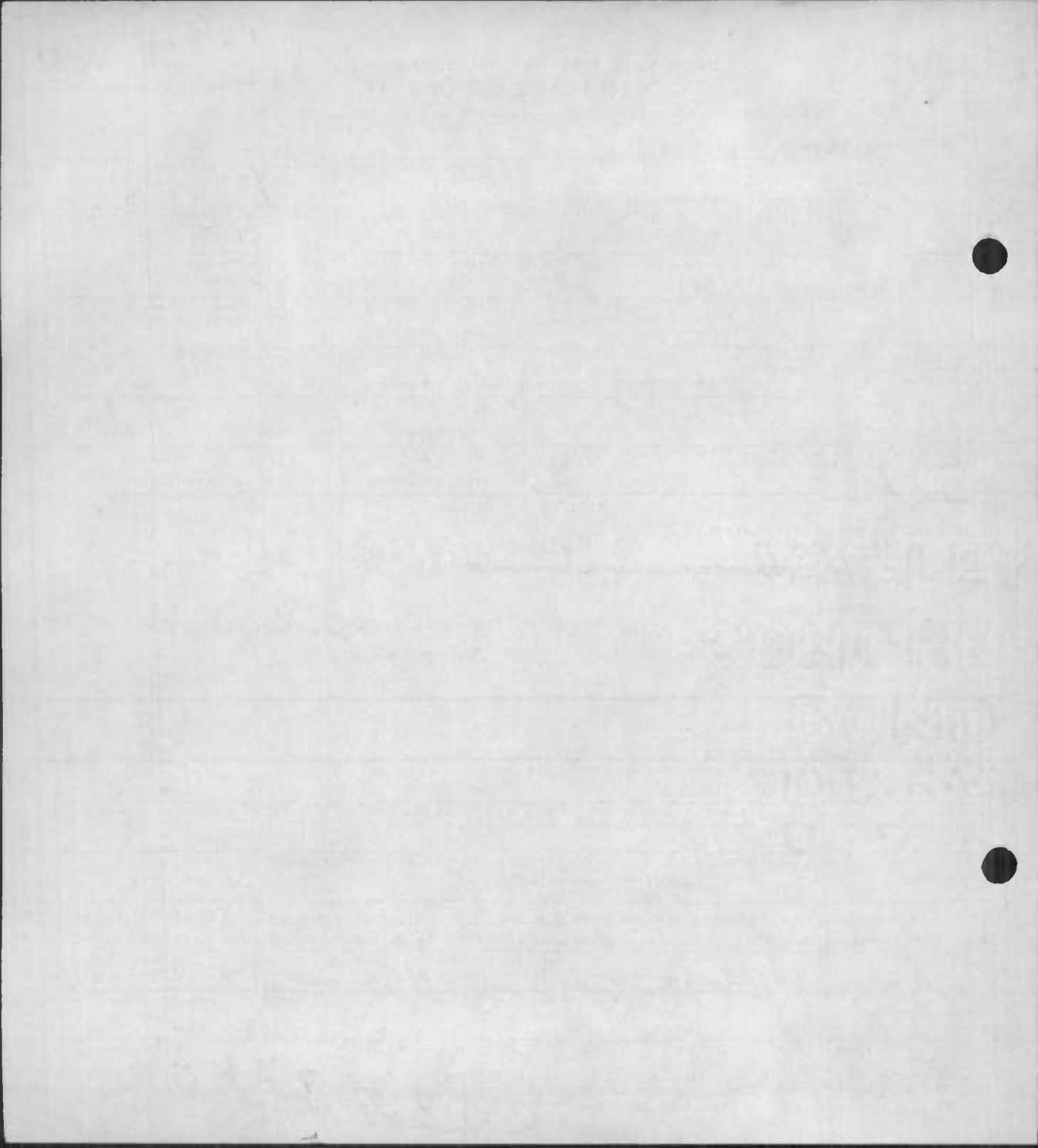
51 7397

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GARDNER NEEDUM		2. DATE OF DEATH 8/23/51	
3. PLACE OF DEATH a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MD. b. COUNTY 16-02	
b. FULL NAME OF HOSPITAL OR INSTITUTION 712 WOODYEAR STREET		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
c. Length of stay in Baltimore LIFE		d. STREET ADDRESS (If rural, give location) 712 WOODYEAR STREET	
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 5/8/1909
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PORTER		10b. KIND OF BUSINESS OR INDUSTRY RECREATION CENTER	9. AGE (In years last birthday) 42
13. FATHER'S NAME SAMUEL NEEDUM		11. BIRTHPLACE (State or foreign country) BALTIMORE, MD.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. 216-10-9454		14. MOTHER'S MAIDEN NAME MAGGIE FITCHETT	
17. INFORMANT ELEANOR DUNN(S)		ADDRESS 7211 MULBERRY ST	
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Failure DUE TO Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardiovascular Disease DUE TO Other Significant Conditions Contributing to the Death, but not related to the disease or condition causing it.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21d. HOW DID INJURY OCCUR?	
21e. TIME (Month) (Day) (Year) (Hour) INJURY		21f. HOW DID INJURY OCCUR?	
21g. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from July 25, 1951 , to August 23, 1951 , that I last saw the deceased alive on August 23, 1951 , and that death occurred at 1:35 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Dr. Marcus W. Moore, Sr.		23b. ADDRESS 238 N. Carey St	
23c. DATE SIGNED 8/24/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8/26/51	
24c. NAME OF CEMETERY OR CREMATORY MT. CALVARY		24d. LOCATION (City, town, or county) (State) A.A. COUNTY? MD.	
24e. DATE RECEIVED BY LOCAL REGISTRAR AUG 24 1951		24f. REGISTRAR'S SIGNATURE Charles G. Cooper	
24g. FUNERAL DIRECTOR 7808 M. Charles H. Cooper		24h. ADDRESS 2512 CARROLLTON A.	

MEDICAL CERTIFICATION



113		BALTIMORE CITY HEALTH DEPARTMENT		51 7398	
1 7398		CERTIFICATE OF DEATH		Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)		ANTON SVOBODA		2. DATE OF DEATH Aug 23 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 625 N. Rose St		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MD. B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTO.		7-02	
C. Length of stay in Baltimore 60		D. STREET ADDRESS (If rural, give location) 625 N. ROSE ST.			
5. SEX MALE		6. COLOR OR RACE WHITE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED BLACKSMITH		10B. KIND OF BUSINESS OR INDUSTRY DIETRICK BROS.		8. DATE OF BIRTH MAY 21, 1884	
13. FATHER'S NAME ANTON SVOBODA		11. BIRTHPLACE (State or foreign country) Czechoslovakia		9. AGE (In years last birthday) 67	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 218-05-124		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
18. 144X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cancer of mouth		17. INFORMANT MARY KEISER, DGHT. ABOVE		14. MOTHER'S MAIDEN NAME Unknown	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug 15 1951, to Aug 23 1951, that I last saw the deceased alive on Aug 15 1951, and that death occurred at 10:55 Am., from the causes and on the date stated above.		23A. SIGNATURE Joseph Pokorny		23B. ADDRESS 2200 E Madison St	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 8/27/51		24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER	
24D. LOCATION (City, town, or county) BALAIR RD.		24E. DATE RECEIVED BY LOCAL REGISTRAR AUG 24 1951		24F. REGISTRAR'S SIGNATURE Wm. Williams	
24G. FUNERAL DIRECTOR SCAMONEK FUNERAL HOME INC		24H. ADDRESS 2601-03-05 E. MADISON ST.		24I. DATE 501501	
24J. SIGNATURE 45C					

WALTER
COMMERCIAL
BONDING
COMPANY

WALTER COMMERCIAL BONDING COMPANY

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WALTER COMMERCIAL BONDING COMPANY

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 7399

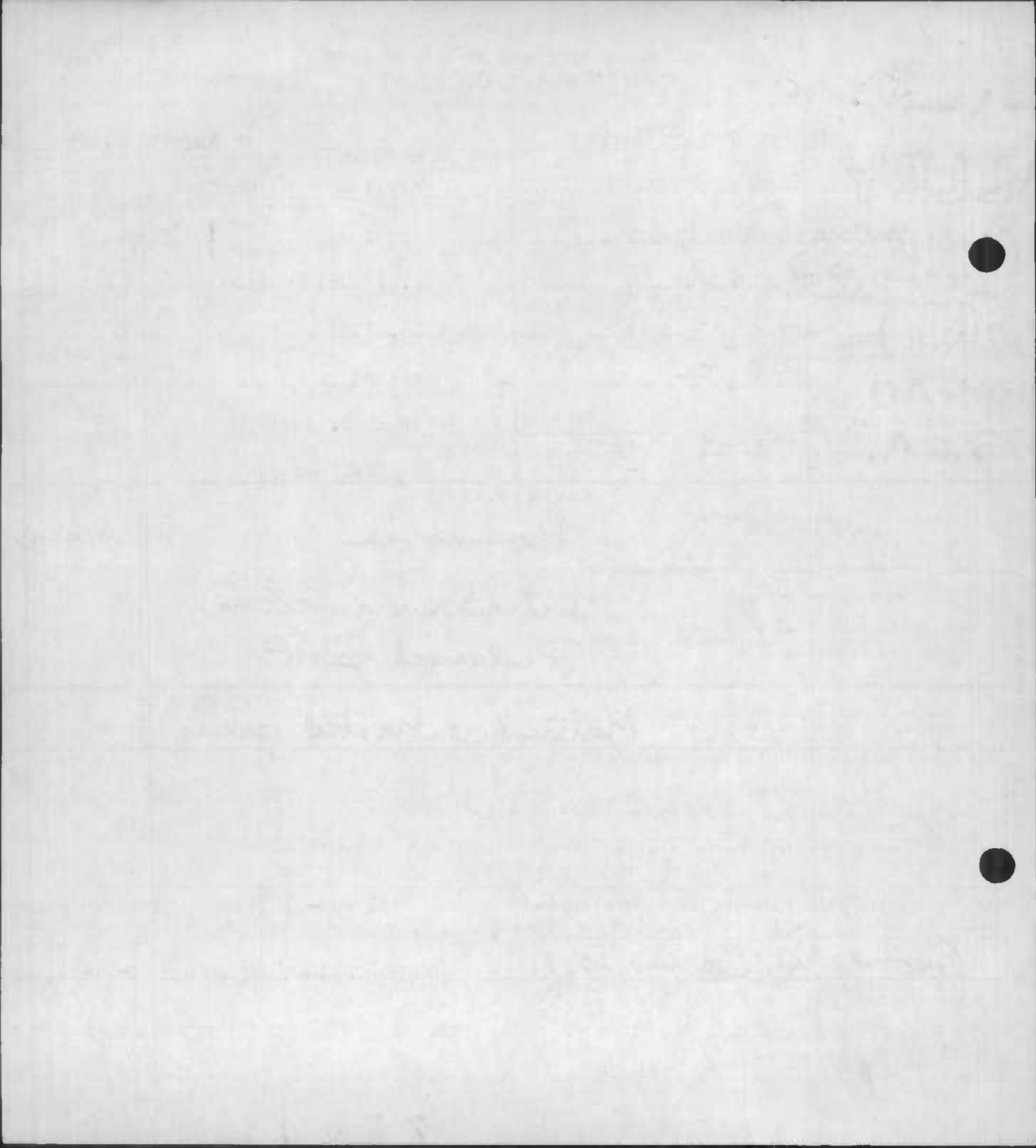
Registered No.

1. NAME OF DECEASED (Type or Print) Robert Richard Cevis		2. DATE OF DEATH August 21, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Harford	
B. FULL NAME OF HOSPITAL OR INSTITUTION The Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Street	
D. STREET ADDRESS (If rural, give location) Rt. 1 Cold Spring		E. LENGTH OF STAY IN BALTIMORE 6 Days	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH August 15, 1951
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10B. KIND OF BUSINESS OR INDUSTRY -	
13. FATHER'S NAME Nelson Dorsey		14. MOTHER'S MAIDEN NAME Hannah E. Cevis	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, never unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -	
17. INFORMANT Hospital Records		12. CITIZEN OF WHAT COUNTRY Maryland	

18. 763.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pneumonia (A) DUE TO Intrauterine infection (B) DUE TO Prolonged labor (C) DUE TO Maternal contracted pelvis		INTERVAL BETWEEN ONSET AND DEATH 6 days
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Other significant conditions contributing to the death, but not related to the disease or condition causing it.		

19A. DATE OF OPERATION 8-21-51		19B. MAJOR FINDINGS OF OPERATION -		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) -		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) -	
21D. TIME (Month) (Day) (Year) (Hour) INJURY -		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? -	
22. I hereby certify that I attended the deceased from 8-15 , 19 51 to 8-21 , 19 51 that I last saw the deceased alive on 8-21 , 19 51 and that death occurred at 6:15 p.m. from the causes and on the date stated above.					
23A. SIGNATURE George W. Corner, Jr.		23B. ADDRESS The Johns Hopkins Hospital		23C. DATE SIGNED 8-21-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) -		24B. DATE -		24C. NAME OF CEMETERY OR CREMATORY Harford Cemetery	
24D. LOCATION (City, town, or county) (State) -		25. FUNERAL DIRECTOR William Williams, Jr.		ADDRESS -	

MEDICAL CERTIFICATION



452
51 7400

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7400
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Odessa M. Bowling

2. DATE
OF
DEATH

Aug. 22, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1715 N. Carey St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-01

c. Length of stay in Baltimore

34 yrs.

D. STREET ADDRESS (If rural, give location)

1715 N. Carey St.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 28, 1893

9. AGE (in years last birth day)

58

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Lawrence Co. S.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Phillip Owings

14. MOTHER'S MAIDEN NAME

Florence Evans

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Robert D. Bowling

ADDRESS

1715 N. Carey St.

18. 4-20-1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Asystolic Heart Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Myocardial Infarction

(C) DUE TO

Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

7

8-22-51

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 8-1, 1951, to 8-22, 1951, that I last saw the deceased alive on 8-22, 1951, and that death occurred at 1:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. W. L. Wood

M. D.

23B. ADDRESS

84 Holmes St.

23C. DATE SIGNED

8-23-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Aug. 26, 1951

Arbutus Mem. Pk.

Baltimore Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

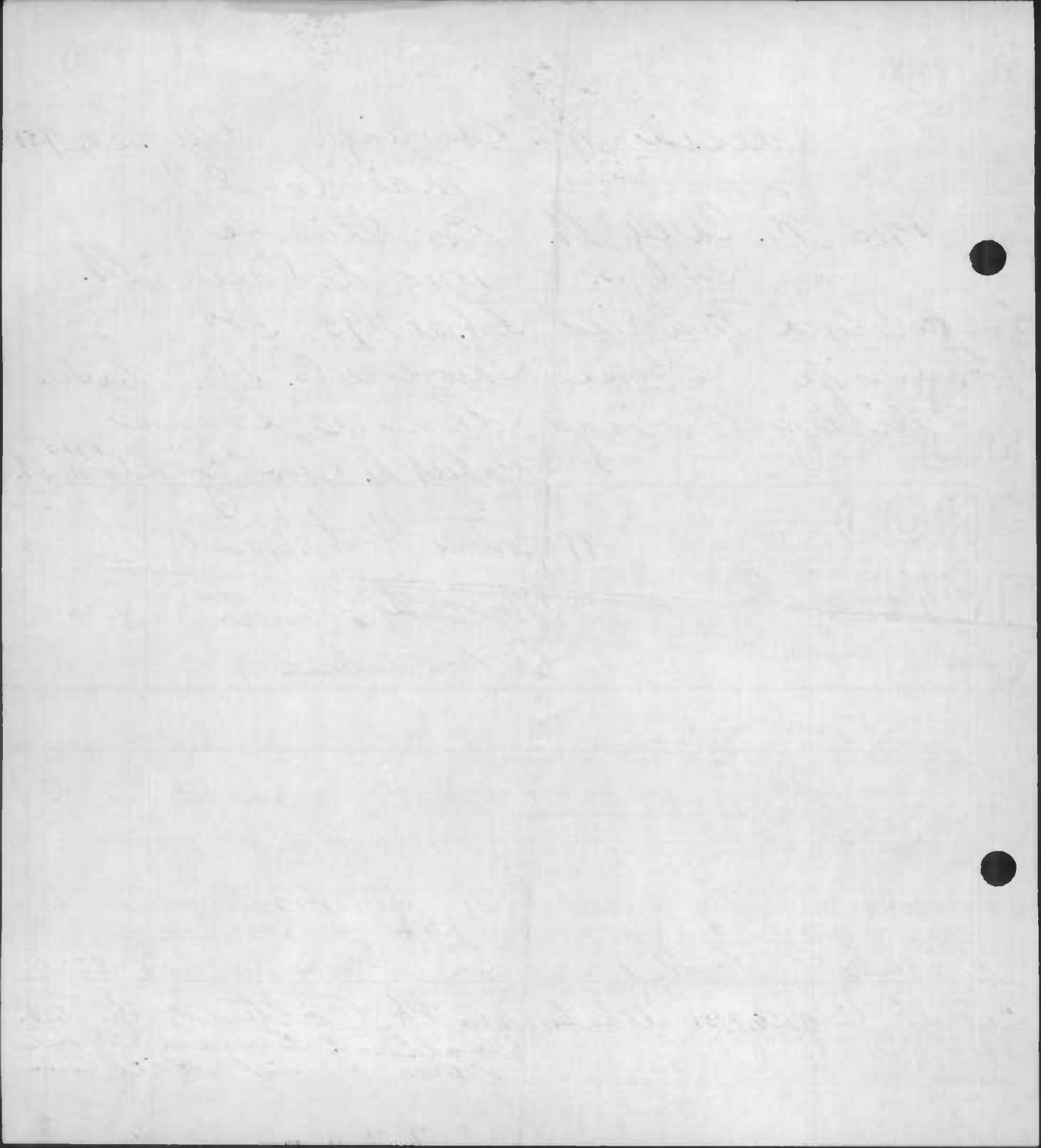
ADDRESS

AUG 24 1951

W. L. Wood

Holland Funeral Home

1613 Union Hill Ave



563
7401
BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7401
Registered No.

1. NAME OF DECEASED (Type or Print) WILLIAM LENHART			2. DATE OF DEATH Aug 24, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland HALB			4. USUAL RESIDENCE (Where deceased lived, institution: residence before admission) A. STATE PENN B. COUNTY V-35		
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SOMERSET		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location)		
5. SEX MALE	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 7-30-77	9. AGE (In years, last birthday) 74	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) PENN.	
13. FATHER'S NAME ABE LENHART			14. MOTHER'S MAIDEN NAME MARY BARRON		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. 150X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Esophagus	CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO	INTERVAL BETWEEN ONSET AND DEATH 6 mos
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cardiac Arrest, Inanition.		

19A. DATE OF OPERATION 8-4-51		19B. MAJOR FINDINGS OF OPERATION Ca Esophagus - Operable.		20. AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7-31-1951 , to 8-24-1951 , that I last saw the deceased alive on 8-24-1951 , and that death occurred at 3:20 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Joseph L. Gurog M.D.		23B. ADDRESS Calm Kopskin Hosp.		23C. DATE SIGNED 8-24-51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. NAME OF CEMETERY OR CREMATORY Greenwood		24C. LOCATION (City, town, or county) (State) Summerset Pa	
DATE RECEIVED BY LOCAL REGISTRAR AUG 24 1951		REGISTRAR'S SIGNATURE Wm J. Liebkner & Sons.		25. FUNERAL DIRECTOR ADDRESS	

9/13 01/0 207300 46a

W. S. W.

100-2740

BOND

COPIES

WALLEY

John C. Gray

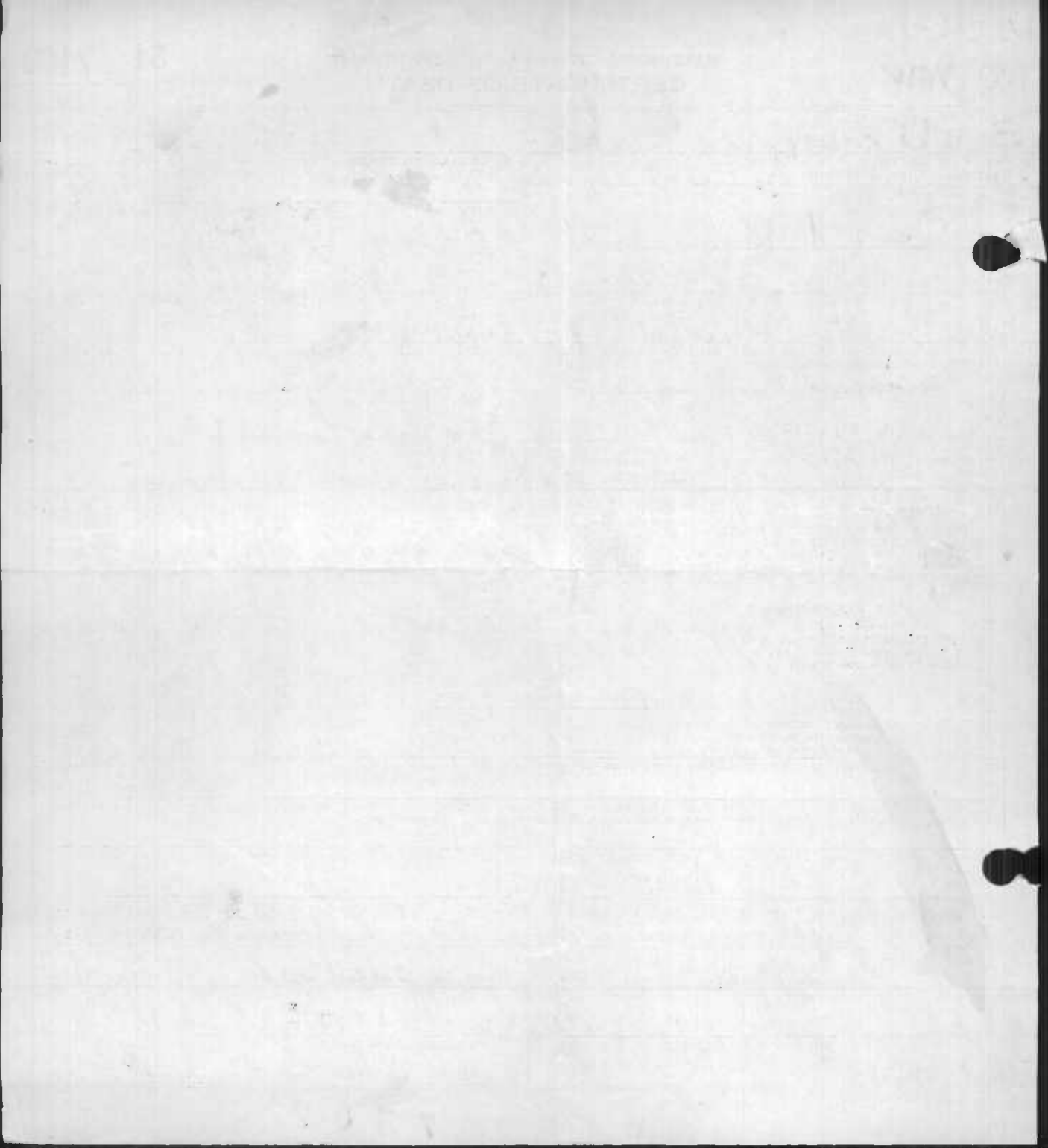
620

51 7402

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7402

1. NAME OF DECEASED (Type or Print) Stephen Guercio				2. DATE OF DEATH August 23 - 1951			
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY 20-01			
B. FULL NAME OF (If not in hospital or institution, give street address or location) 27 N. Morley Street				C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore			
c. Length of stay in Baltimore 35 years				D. STREET ADDRESS (If rural, give location) 27 N. Morley Street			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jan. 1 - 1898		9. AGE (In years last birthday) 53	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) factoring		10B. KIND OF BUSINESS OR INDUSTRY Garage Shop		11. BIRTHPLACE (State or foreign country) Cefalu' Italy		12. CITIZEN OF WHAT COUNTRY? Italy	
13. FATHER'S NAME Gosuele Guercio				14. MOTHER'S MAIDEN NAME Josephine Legamhi			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. 217-07-2176		17. INFORMANT ADDRESS Jennie Todaro 27 N. Morley St.	
18. 002X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis DUE TO INTERVAL BETWEEN ONSET AND DEATH 1 year							
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb. 20 , 19 51 , to Aug 23 , 19 51 , that I last saw the deceased alive on Aug 22 , 19 51 , and that death occurred at 11:15 a.m. , from the causes and on the date stated above.							
23A. SIGNATURE Kennard Gazzo				23B. ADDRESS 3101 W. Baltimore St.		23C. DATE SIGNED Aug 24, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug. 27-1951		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery		24D. LOCATION (City, town, or county) (State) Old Frederick Rd Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR AUG 24 1951		REGISTRAR'S SIGNATURE William M. ...		25. FUNERAL DIRECTOR Joseph Garza Inc. 2013 Greenmount Ave		ADDRESS	



456
1 7403

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7403

Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) <i>Mabel Wilson Elmore</i>		2. DATE OF DEATH <i>August 23, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>md.</i> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Johns Hopkins Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write BUREAU and give township) <i>Baltimore</i>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1421 Binder Ct.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>8-19-91</i>	9. AGE (In years last birthday) <i>60</i>	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Abbeville SC.</i>	
13. FATHER'S NAME <i>Arthur Wilson</i>		16. SOCIAL SECURITY NO.		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Levi Elmore 1421 Binder Ct.</i>	

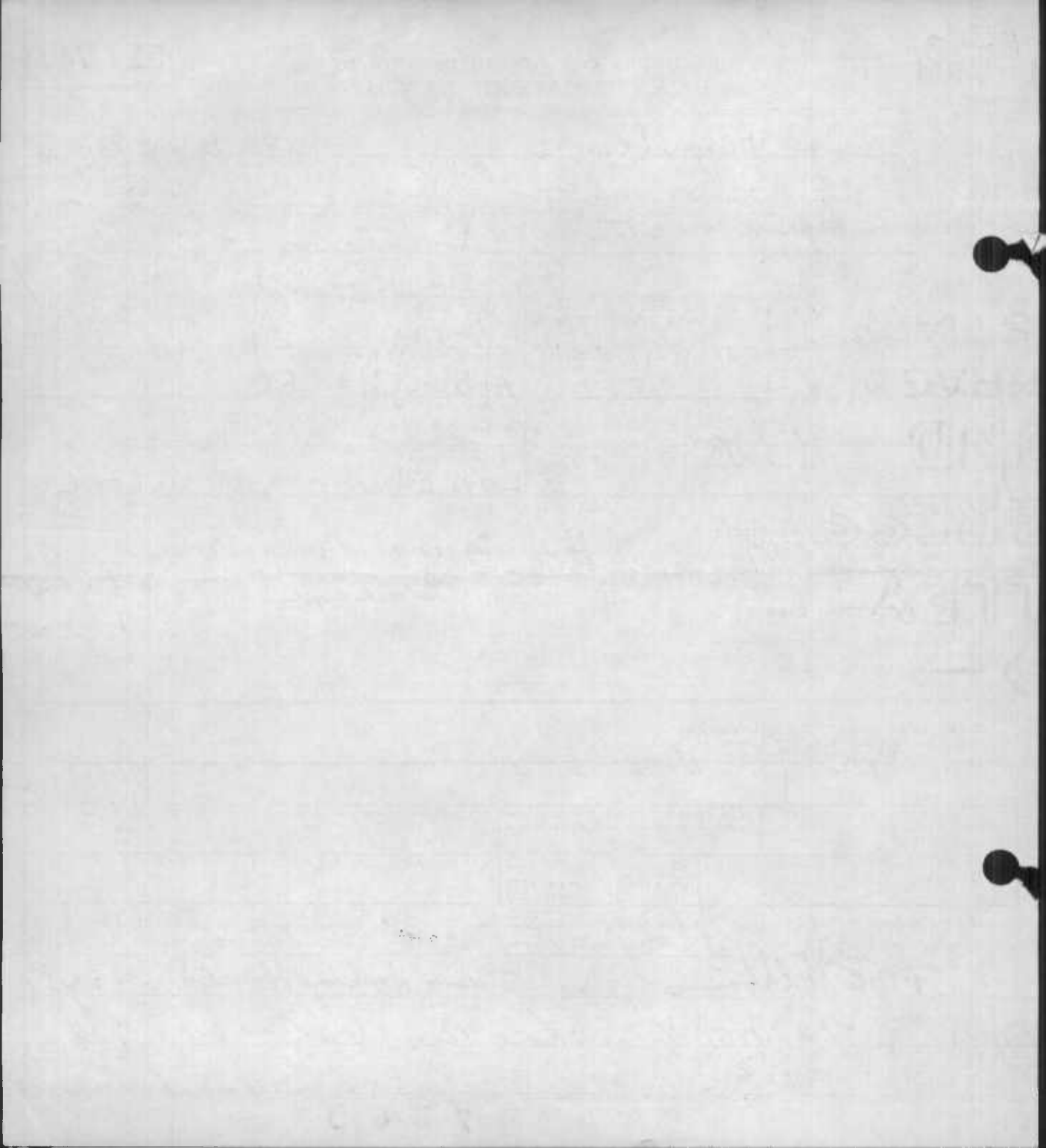
18. <i>443X 1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Hypertensive cardiovascular disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>At least 1 year</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>II</i>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>8-23-51</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	21F. HOW DID INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				

22. I hereby certify that I attended the deceased from *8-12*, 19*51*, to *8-23*, 19*51*, that I last saw the deceased alive on *8-23*, 19*51*, and that death occurred at *10:00 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Johns Hopkins Hospital</i>		23B. ADDRESS <i>Johns Hopkins Hospital</i>		23C. DATE SIGNED <i>8/23/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>8/28/1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn Cem.</i>	24D. LOCATION (City, town, or county) <i>Balto.</i>	24E. STATE <i>md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 24 1951</i>		REGISTRAR'S SIGNATURE <i>Katie R. Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>322 N Schroeder St</i>	

MEDICAL CERTIFICATION



250

ND-1400101

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7404

1. NAME OF DECEASED (Type or Print) Shedra Lee Jackson		2. DATE OF DEATH Aug. 22, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY before admission	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) B.C.H. 4940 Eastern Avenue		E. LENGTH OF STAY IN BALTIMORE 13 Yrs.	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH Dec. 3, 1922
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY In General	9. AGE (In years last birthday) 28
13. FATHER'S NAME John Jackson		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospitals		ADDRESS Records: 4940 Eastern Avenue	

18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Far advanced Pulmonary tuberculosis DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 5 Yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

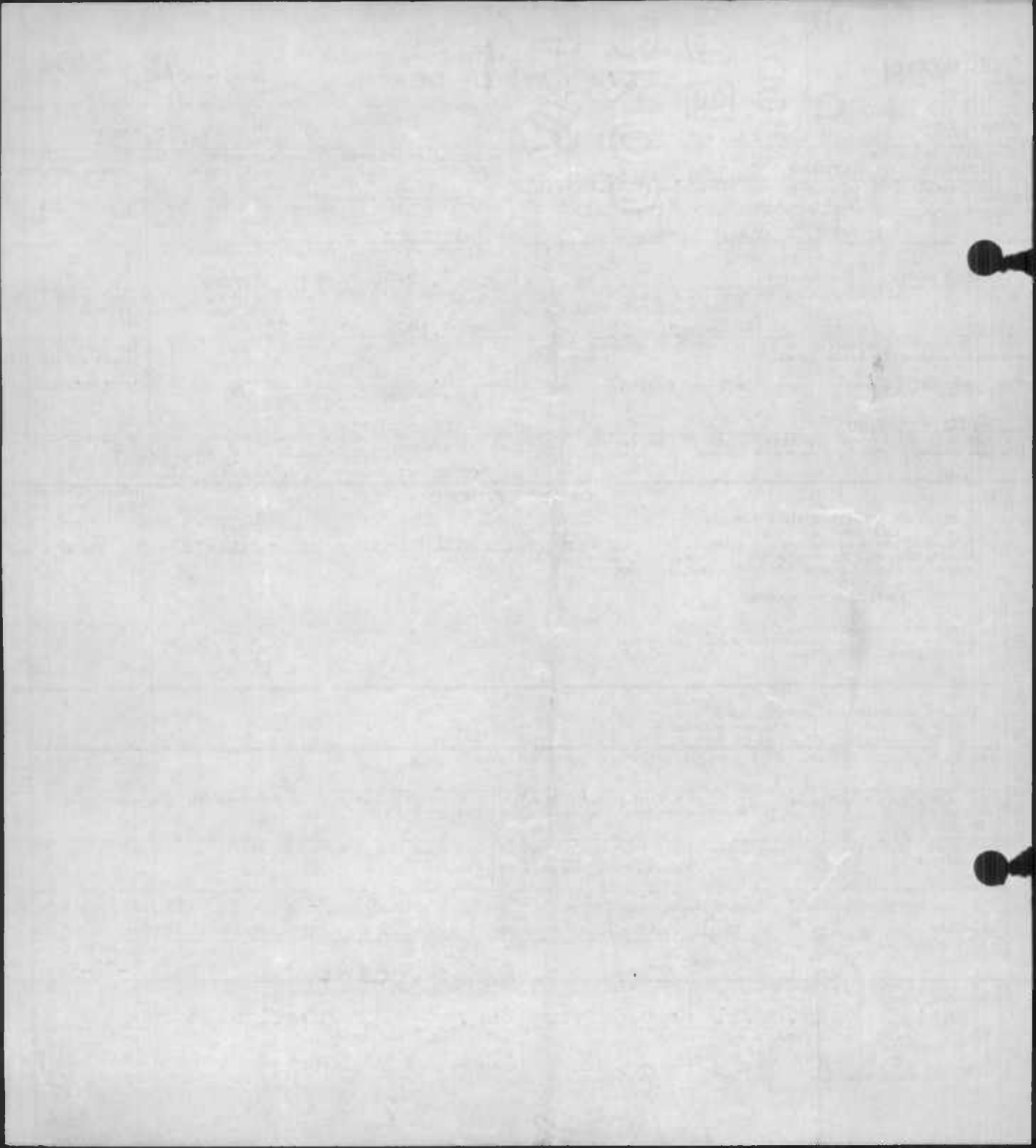
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7-23 , 19 50 , to 8-22 , 1951, that I last saw the deceased alive on 8-22 , 1951, and that death occurred at 4 a m., from the causes and on the date stated above.					
23A. SIGNATURE P. D. O'Keefe		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 8-22-51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug. 26. 51		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.		24D. LOCATION (City, town, or county) (State) Brooklyn Md	
DATE RECEIVED BY LOCAL REGISTRAR AUG 24 1951		REGISTRAR'S SIGNATURE W. H. Williams		FUNERAL DIRECTOR Elroy O. Wilson		ADDRESS 1000 Brantley Ave	

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13B

MEDICAL CERTIFICATION



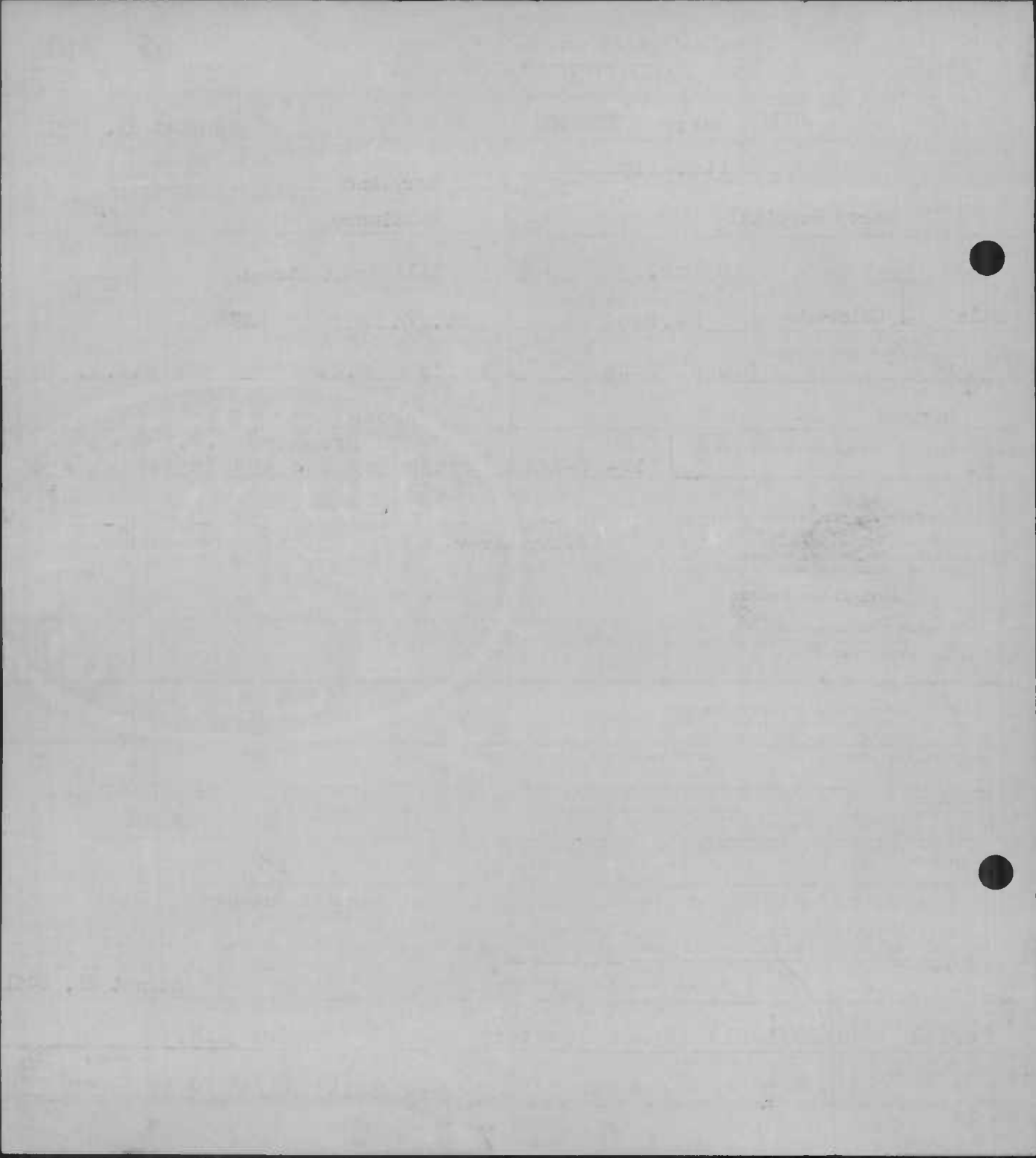
363
7405BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7405

BIRTH NO.		2. DATE OF DEATH August 21, 1951	
1. NAME OF DECEASED (Type or Print) JOHN Henry EDWARDS		3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Mercy Hospital		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 1411 Brunt Street	
5. SEX Male		6. COLOR OR RACE Colored	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 26, 1911	
9. AGE (in years last birthday) 39		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook	
11. BIRTHPLACE (State or foreign country) Religh N.C.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 719-09-2602	
17. INFORMANT Brooklyn N.Y. ADDRESS Bonnie Edwards 4078 Luyvesant Ave		18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Fatty liver DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?		22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>	
23A. SIGNATURE Stanley B. Dunsbach M.D.		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>	
23C. DATE SIGNED August 21, 1951		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 8/26/1951		24C. NAME OF CEMETERY OR CREMATORY Wyman Cemetary	
24D. LOCATION (City, town, or county) Hamlet N.C.		25. FUNERAL DIRECTOR Elroy O. Wilson 1000 Beatty	
DATE RECEIVED BY LOCAL REGISTRAR AUG 24 1951		REGISTRAR'S SIGNATURE	

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BALTIMORE CITY HEALTH DEPARTMENT		51 7406	
CERTIFICATE OF DEATH		Registered No. _____	
BIRTH NO. 460 7406			
1. NAME OF DECEASED (Type or Print) <i>Richard Tyler</i>		2. DATE OF DEATH <i>Aug. 22, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Ind</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore 17-03</i>	
C. Length of stay in Baltimore <i>4</i>		D. STREET ADDRESS (If rural, give location) <i>802 Harlem Ave</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>11-14-68</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>retired farmer</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years, lay, and day) <i>82</i>
13. FATHER'S NAME <i>William Tyler</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. I <i>151X</i>		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Carcinoma of stomach</i>	
DUE TO		<i>2 metastasis</i>	
ANTECEDENT CAUSES		(B) _____	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO	
(C) _____		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>Confluent Pneumonia, R.V. Lobe</i>	
19A. DATE OF OPERATION <i>8-20-51</i>	19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma of stomach 2 metastasis</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8/10/51</i> to <i>8/22</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>8/22</i> , 19 <i>51</i> , and that death occurred at <i>7:35 A.</i> from the causes and on the date stated above.			
23A. SIGNATURE <i>Wayne A. Clohery Jr.</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>8-22-51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial Aug 25-51</i>	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus</i>	24D. LOCATION (City, town, or county) (State) <i>Arbutus, Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 24 1951</i>	REGISTRAR'S SIGNATURE <i>for Williams</i>	25. FUNERAL DIRECTOR <i>Charles E. Nichols</i> <i>Fred. Md.</i>	

1944

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51 7407

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

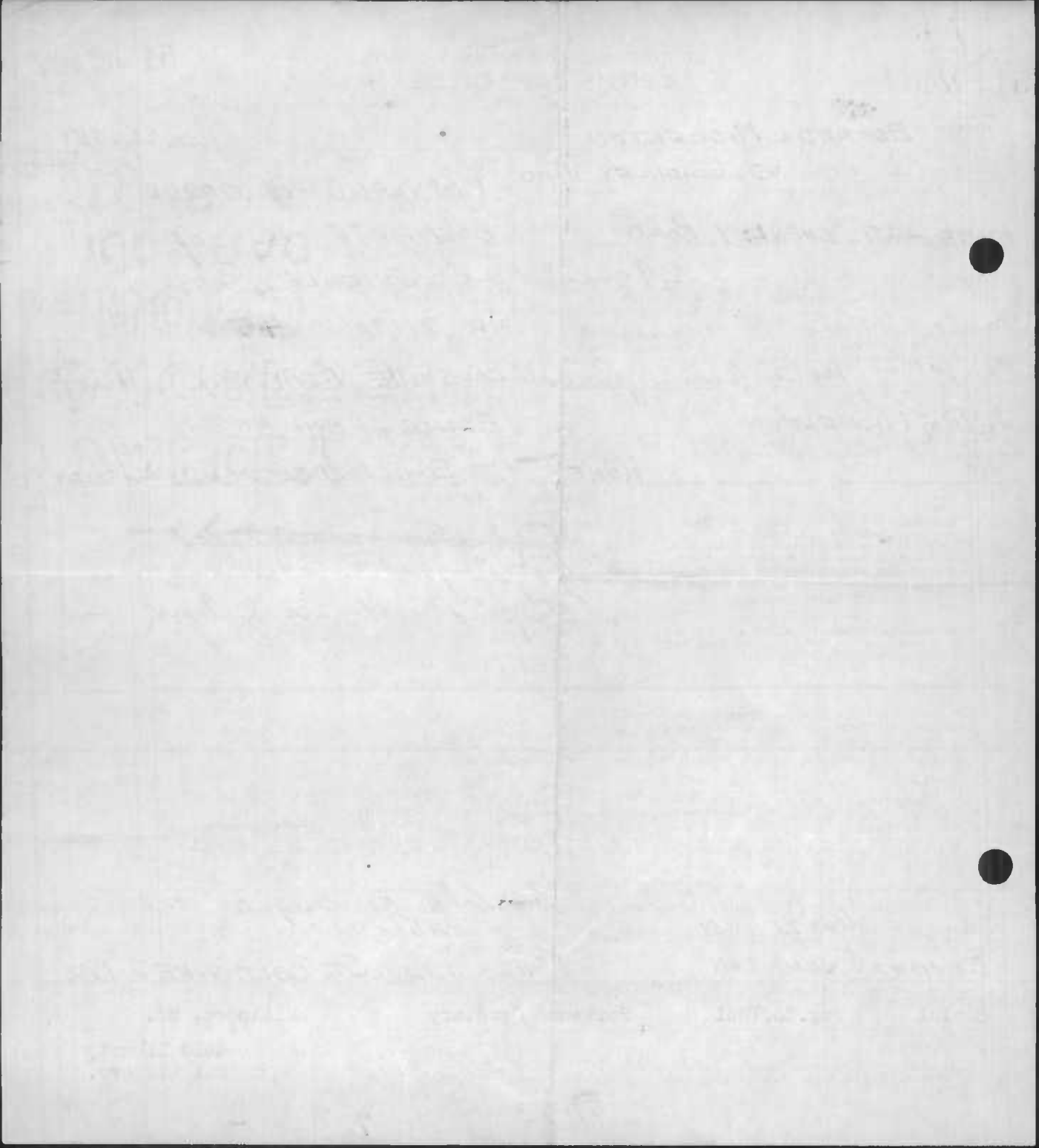
51 7407
Registered No.

1. NAME OF DECEASED (Type or Print) EDWARD L. MIDDLETON		2. DATE OF DEATH Aug. 23, 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland 4512 SCHENLEY ROAD		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE MARYLAND - BALTIMORE b. COUNTY BALTIMORE	
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOME - 4512 SCHENLEY, ROAD.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 10. 27-14	
c. Length of stay in Baltimore 39 years.		d. STREET ADDRESS (If rural, give location) 4512 SCHENLEY, ROAD.	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH APR. 2, 1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk City of Balt. Bureau of Receipts		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 45
11. BIRTHPLACE (State or foreign country) LOUISVILLE KENTUCKY		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME J. IRE MIDDLETON		14. MOTHER'S MAIDEN NAME EDDIE B ANDERSON.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT MRS. EDW. L MIDDLETON, 4512 SCHENLEY RD.		ADDRESS	

18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Esophageal hemorrhage Esophageal carcinoma of cervix ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Esophageal carcinoma of cervix DUE TO Esophageal hemorrhage (B) Esophageal carcinoma of cervix DUE TO ✓ (C)	INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION ✓		19b. MAJOR FINDINGS OF OPERATION ✓		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ✓		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) ✓	
21d. TIME (Month) (Day) (Year) (Hour) INJURY ✓		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 6, 1950 , to Aug 23, 1951 , that I last saw the deceased alive on Aug 21, 1951 , and that death occurred at 4:45 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE EDWARD S. JOHNSON		23b. ADDRESS M. D. 1123 ST. PAUL ST. BALTIMORE 2, MD.		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 25, 1951		24c. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	
24d. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR E. W. Lamoreau ADDRESS 4510 Liberty Heights Ave.			
DATE RECEIVED BY LOCAL REGISTRAR AUG 24 1951					
REGISTRAR'S SIGNATURE Wm. H. Williams, M.D.					

VS 150
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51 0007392 124B



300
51 7408BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7408

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANKLIN Allen FITE (MR.)

2. DATE
OF
DEATH

Aug 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

MARYLAND

B. COUNTY

Baltimore

C. CITY OR TOWN

TOWSON

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

944 Dulaney Valley Rd.

C. Length of stay in Baltimore

0

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

DEC 7, 1904

9. AGE (In years)

46

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

TECHNICAL CLERK

10B. KIND OF BUSINESS OR
INDUSTRY

Garv Elec. Co.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

HARVEY N. FITE

14. MOTHER'S MAIDEN NAME

MARY VIRGINIA ALLEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Mrs. Evelyn R. Fite 944 Dulaney Valley Rd.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Myocardial infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

Arteriosclerotic heart disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 13, 1951, to Aug 23, 1951, that I last saw the deceased alive on Aug 23, 1951, and that death occurred at 10¹⁰ P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Aug. 27, 1951

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

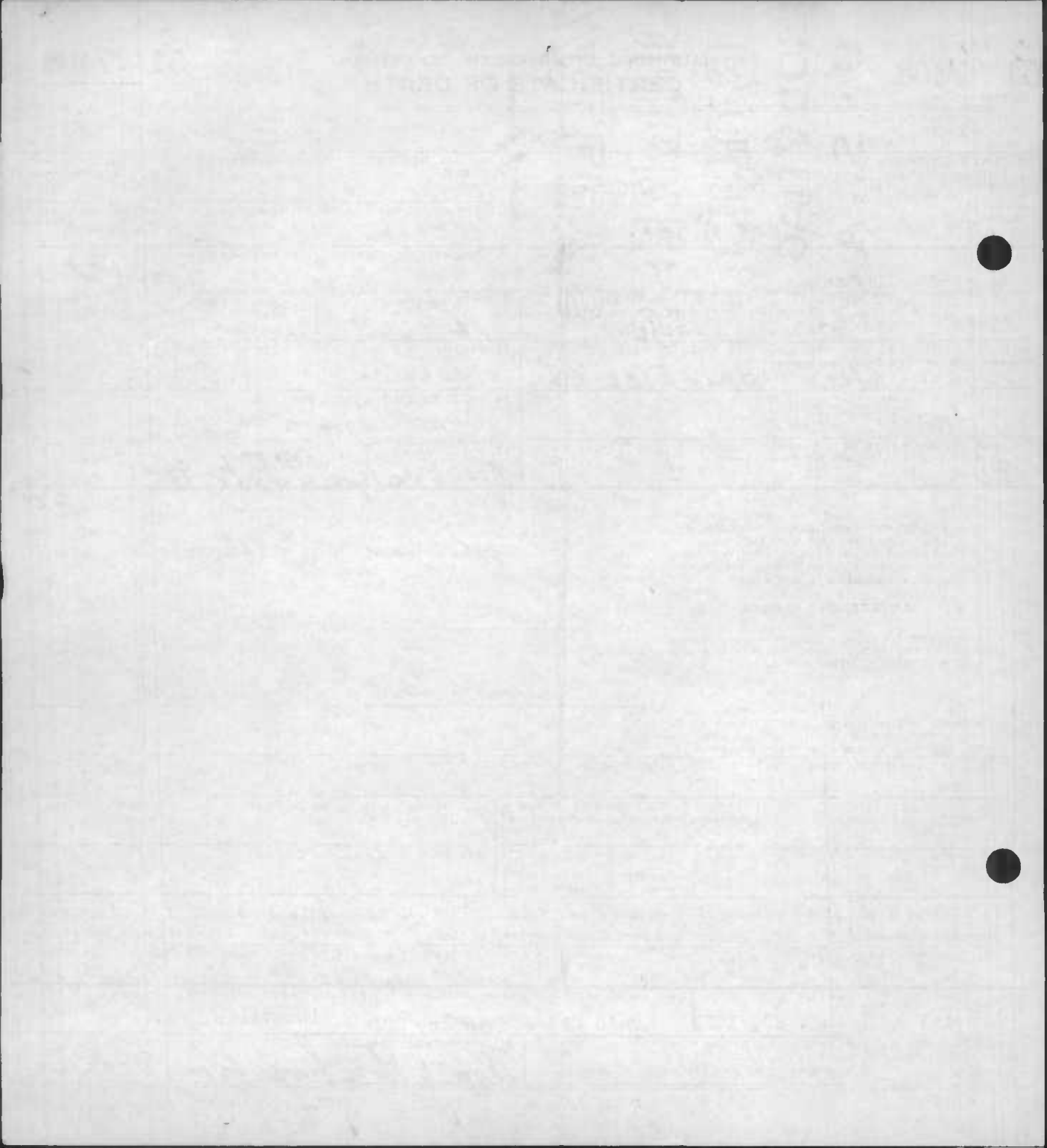
AUG 24 1951

Wm. J. Williams, M.D.

Wm. J. Fickner & Sons 714 N. Calver

VS 150

390 54 000 7393 937



456

1 7409

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 7409

1. NAME OF DECEASED (Type or Print) ADA E. ALLEN		2. DATE OF DEATH 8/24/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) LUTHERAN HOSP. of Md. BALTIMORE 16, Md.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-02	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2712 Lauretta Ave.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 8, 1881
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (In years last birthday) 69 H Under 1 Year Months: Days H Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ? Brooks		14. MOTHER'S MAIDEN NAME Mary V. Smith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT		ADDRESS Miss Mae Allen 2712 Lauretta Ave.	

18. 4221 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease — Congestive Heart Failure — Pulmonary Edema.	CAUSE OF DEATH Arteriosclerotic Cardiovascular Disease — Congestive Heart Failure — Pulmonary Edema.	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? for about 10 min.
22. I hereby certify that I attended the deceased from Aug. 24, 1951 , to Aug. 26, 1951 , that I last saw the deceased alive on 24 Aug, 1951 , and that death occurred at 1:35 a.m. , from the causes and on the date stated above.		
23A. SIGNATURE Ines C. Macapangan M. D.	23B. ADDRESS Lutheran Hosp. of Md.	23C. DATE SIGNED 8/24/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Aug 27, 1951	24C. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
24D. LOCATION (City, town, or county) (State) Brooklyn, Balto. Co. Md.		
DATE RECEIVED BY LOCAL REGISTRAR AUG 24 1951	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Wm. J. Tuckers ADDRESS No. 1200

MEDICAL CERTIFICATION

STATE OF NEW YORK
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Usual Residence		7. Cause of Death		8. Manner of Death	
9. Name of Physician		10. Name of Undertaker		11. Name of Burial Place		12. Name of Funeral Home	
13. Name of Coroner		14. Name of Medical Examiner		15. Name of Registrar		16. Name of Cemetery	
17. Name of Church		18. Name of Minister		19. Name of Pastor		20. Name of Rector	
21. Name of Priest		22. Name of Rabbi		23. Name of Imam		24. Name of Minister	
25. Name of Pastor		26. Name of Rector		27. Name of Priest		28. Name of Rabbi	
29. Name of Imam		30. Name of Minister		31. Name of Pastor		32. Name of Rector	
33. Name of Priest		34. Name of Rabbi		35. Name of Imam		36. Name of Minister	
37. Name of Pastor		38. Name of Rector		39. Name of Priest		40. Name of Rabbi	
41. Name of Imam		42. Name of Minister		43. Name of Pastor		44. Name of Rector	
45. Name of Priest		46. Name of Rabbi		47. Name of Imam		48. Name of Minister	
49. Name of Pastor		50. Name of Rector		51. Name of Priest		52. Name of Rabbi	
53. Name of Imam		54. Name of Minister		55. Name of Pastor		56. Name of Rector	
57. Name of Priest		58. Name of Rabbi		59. Name of Imam		60. Name of Minister	
61. Name of Pastor		62. Name of Rector		63. Name of Priest		64. Name of Rabbi	
65. Name of Imam		66. Name of Minister		67. Name of Pastor		68. Name of Rector	
69. Name of Priest		70. Name of Rabbi		71. Name of Imam		72. Name of Minister	
73. Name of Pastor		74. Name of Rector		75. Name of Priest		76. Name of Rabbi	
77. Name of Imam		78. Name of Minister		79. Name of Pastor		80. Name of Rector	
81. Name of Priest		82. Name of Rabbi		83. Name of Imam		84. Name of Minister	
85. Name of Pastor		86. Name of Rector		87. Name of Priest		88. Name of Rabbi	
89. Name of Imam		90. Name of Minister		91. Name of Pastor		92. Name of Rector	
93. Name of Priest		94. Name of Rabbi		95. Name of Imam		96. Name of Minister	
97. Name of Pastor		98. Name of Rector		99. Name of Priest		100. Name of Rabbi	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 7410**

420
7410
BIRTH NO.

1. NAME OF DECEASED (Type or Print) FRANK B. LYLES		2. DATE OF DEATH August 23, 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital		c. CITY OR TOWN (If outside corporate limits, give location) Baltimore	
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) 409 Park Ave.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 9, 1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Builder		10b. KIND OF BUSINESS OR INDUSTRY Mechanics	9. AGE (in years, last birthday) 76
11. BIRTHPLACE (State or foreign country) Calvert Co., Md		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Richard L. Lyles		14. MOTHER'S MAIDEN NAME Frances Ireland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 3	
17. INFORMANT Jennie Turner - Prince Frederick, Md		ADDRESS	

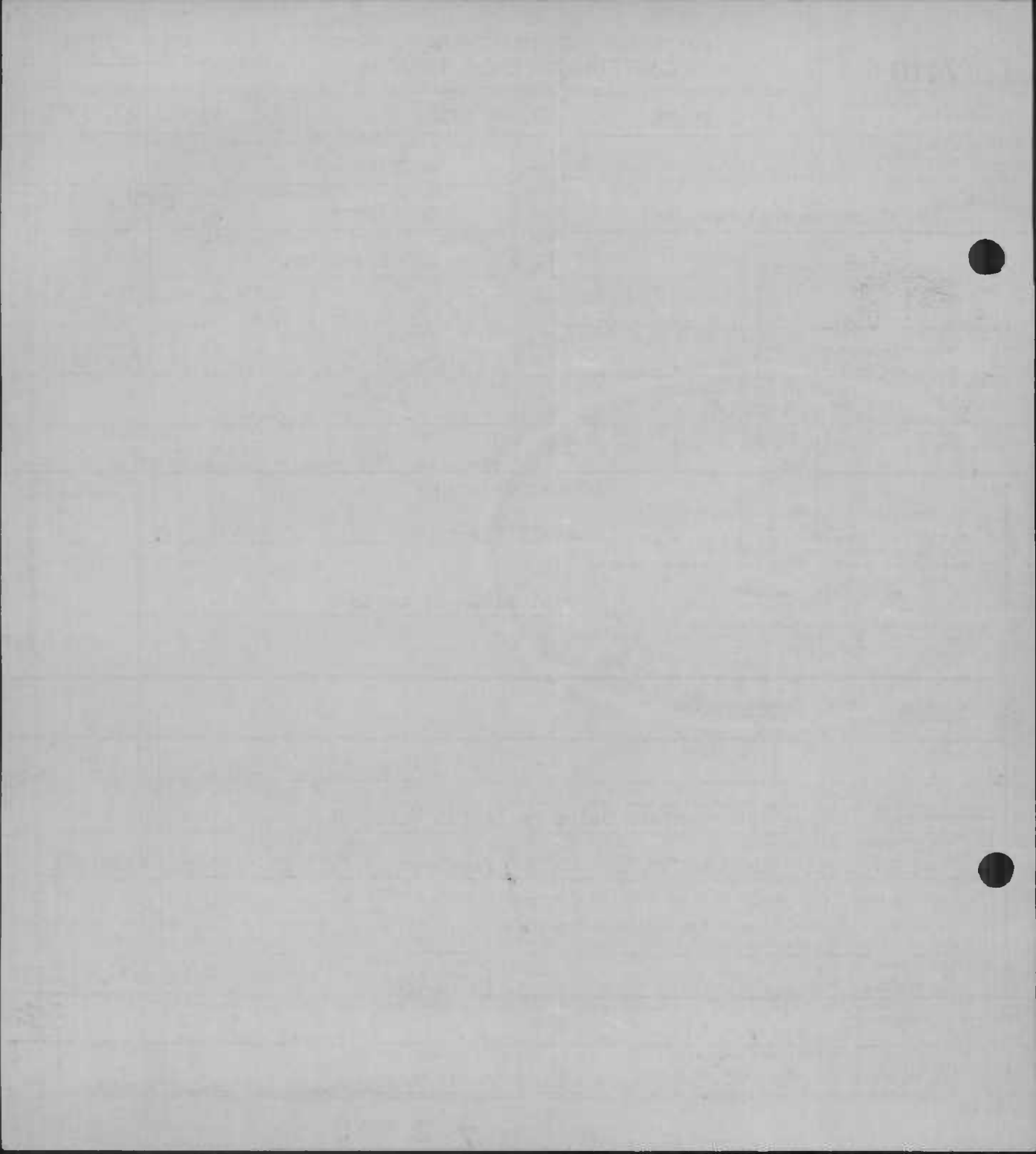
18. E900.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Skull fracture DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Contusion of brain DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Carpenters Union Hall	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 715 Eutaw St.
21d. TIME (Month) (Day) (Year) (Hour) August 23, 1951 10:05 Pm.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Apparently fell down steps, (inside)
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23a. SIGNATURE William J. [Signature]	23b. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR	23c. DATE SIGNED August 24, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 27, 1951	24c. NAME OF CEMETERY OR CREMATORY Old Saints Cem.	24d. LOCATION (City, town, or county) (State) Calvert County Md
DATE RECEIVED BY LOCAL REGISTRAR AUG 25 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR A. A. Harkness & Son - Mutual, Md	ADDRESS

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11-803.2
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MEDICAL CERTIFICATION

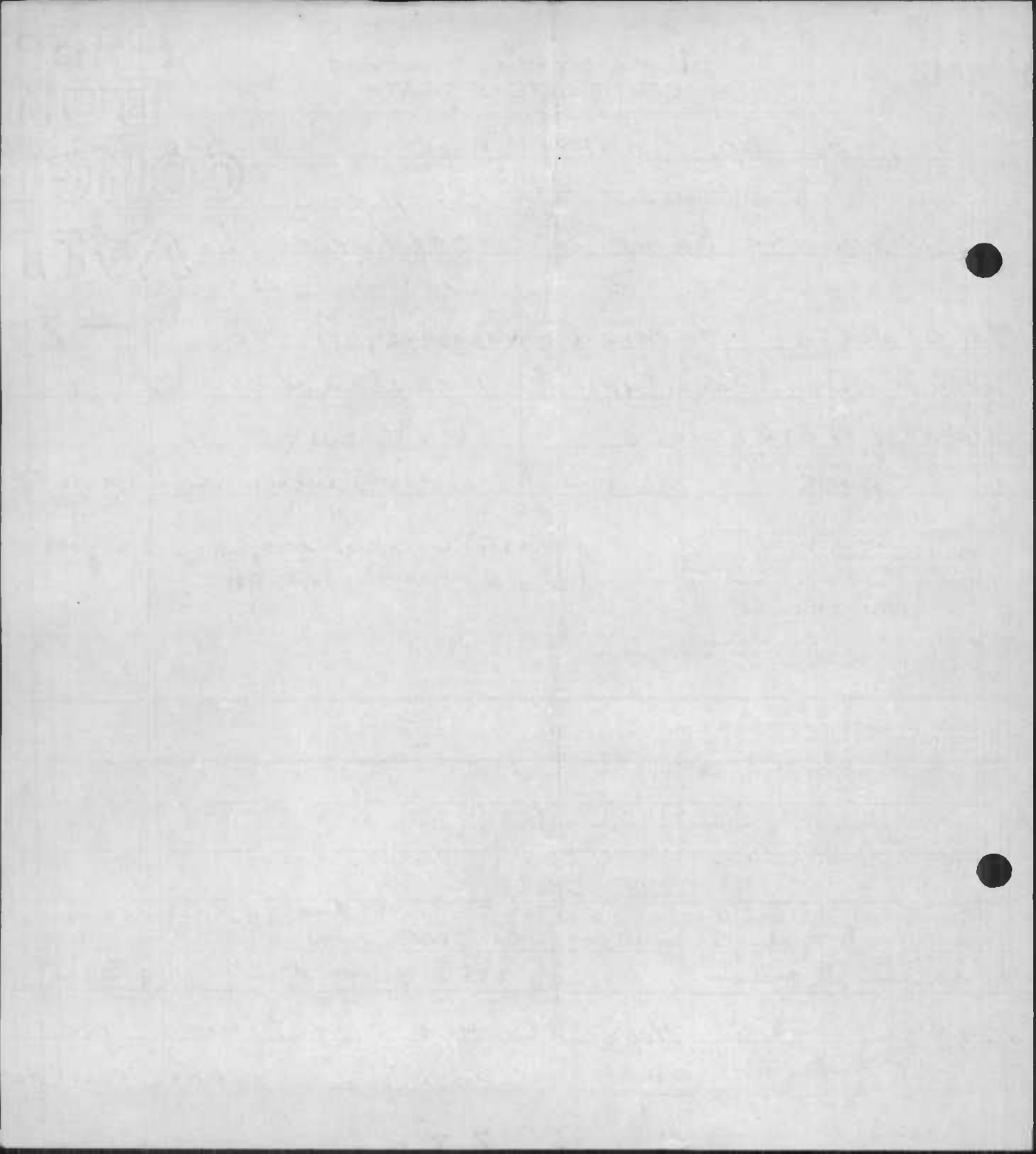


650 1 7411		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		51 7411 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) Anna Margaret Horn		2. DATE OF DEATH August 23, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2724 Georgetown Road		C. CITY OR TOWN (If outside corporate limits, write full name and give township) BALTIMORE 25-52			
C. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 2724 Georgetown Road			
5. SEX FEMALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH October 4, 1896	9. AGE (In years last birthday) 54	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (State or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Robert Mritag		14. MOTHER'S MARDEN NAME Margaret ?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT ADDRESS Mildred Knight 3007 Georgetown Rd	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Embolism		(A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis, Cordis Vascular		(B) DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 1, 1951 , to Aug 23, 1951 , that I last saw the deceased alive on Aug 23, 1951 , and that death occurred at 7 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE Robert C. [Signature]		23B. ADDRESS 201 [Signature]		23C. DATE SIGNED Aug 24, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) 754114		24B. DATE 8-27-51		24C. NAME OF CEMETERY OR CREMATORY LONDON PARK	
24D. LOCATION (City, town, or county) BALTIMORE, MD.		25. FUNERAL DIRECTOR George L. Schwab		ADDRESS 2101 Frederick Ave.	
DATE RECEIVED BY LOCAL REGISTRAR AUG 25 1951		REGISTRAR'S SIGNATURE William M. [Signature]			
VS 150 1 2 57298A 0 7 3 9 6 937					

WALLEY

253
7412BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7412
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Philipp Rosendale</i>		2. DATE OF DEATH <i>August 22, 1951</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <i>MARYLAND</i> b. COUNTY	
b. FULL NAME OF (If not in hospital or institution, give street address or location) <i>2103 W. BALTIMORE ST.</i>		c. CITY OR TOWN (If outside corporate limits, write full name of township) <i>BALTIMORE</i>	
c. Length of stay in Baltimore <i>LIFE</i>		d. STREET ADDRESS (If rural, give location) <i>2103 W. BALTIMORE ST.</i>	
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>JANUARY 21, 1871</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>CABINET MAKER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>FURNITURE</i>	9. AGE (In years last birthday) <i>80</i>
11. BIRTHPLACE (State or foreign country) <i>MARYLAND</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>HENRY ROSENDALE</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>		16. SOCIAL SECURITY NO. <i>216-24-2831</i>	
17. INFORMANT <i>ISABELLE ROSENDALE</i>		ADDRESS <i>2103 W. BALTO. ST.</i>	
18. <i>199.7</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Metastatic carcinoma, upper lip, and behind left ear</i> DUE TO INTERVAL BETWEEN ONSET AND DEATH <i>3 years</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21d. HOW DID INJURY OCCUR?	
21e. TIME (Month) (Day) (Year) (Hour) INJURY		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <i>Jan 5</i> , 1948, to <i>Aug 22</i> , 1951, that I last saw the deceased alive on <i>Aug 21</i> , 1951, and that death occurred at <i>9:40 P. M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Nathan Racusin</i>		23b. ADDRESS <i>206 S. Gilman St.</i>	
23c. DATE SIGNED <i>8-24-51</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24b. DATE <i>8-25-51</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>		24d. LOCATION (City, town, or county) (State) <i>BALTIMORE MD</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 25 1951</i>		25. FUNERAL DIRECTOR <i>GEO. L. SCHWAB</i>	
REGISTRAR'S SIGNATURE <i>W. H. Williams, Jr.</i>		ADDRESS <i>2101 Frederick Ave.</i>	



Gut Fleisch

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7413
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Gutfleisch, Michael</i>			2. DATE OF DEATH <i>8/24/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>27-05</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Church Home & Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>		
C. Length of stay in Baltimore <i>22</i> Yrs. <input checked="" type="checkbox"/> M. <input type="checkbox"/> F.			D. STREET ADDRESS (If rural, give location) <i>3716 Northern Parkway</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Jan 13, 1900</i>	9. AGE (In years last birthday) <i>51</i>	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Mechanical Engineer</i>			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME <i>Gutfleisch, Michael</i>			14. MOTHER'S MAIDEN NAME <i>Braun, Emma</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>unknown</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Marjorie Gutfleisch</i>			ADDRESS <i>2419 Northern Pk.</i>		

18. *420.1 and 002X*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) DUE TO

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY
YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *8/17/51*, 19 *51*, to *8/24*, 19 *51*, that I last saw the deceased alive on *8/24/51*, and that death occurred at *11:55 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

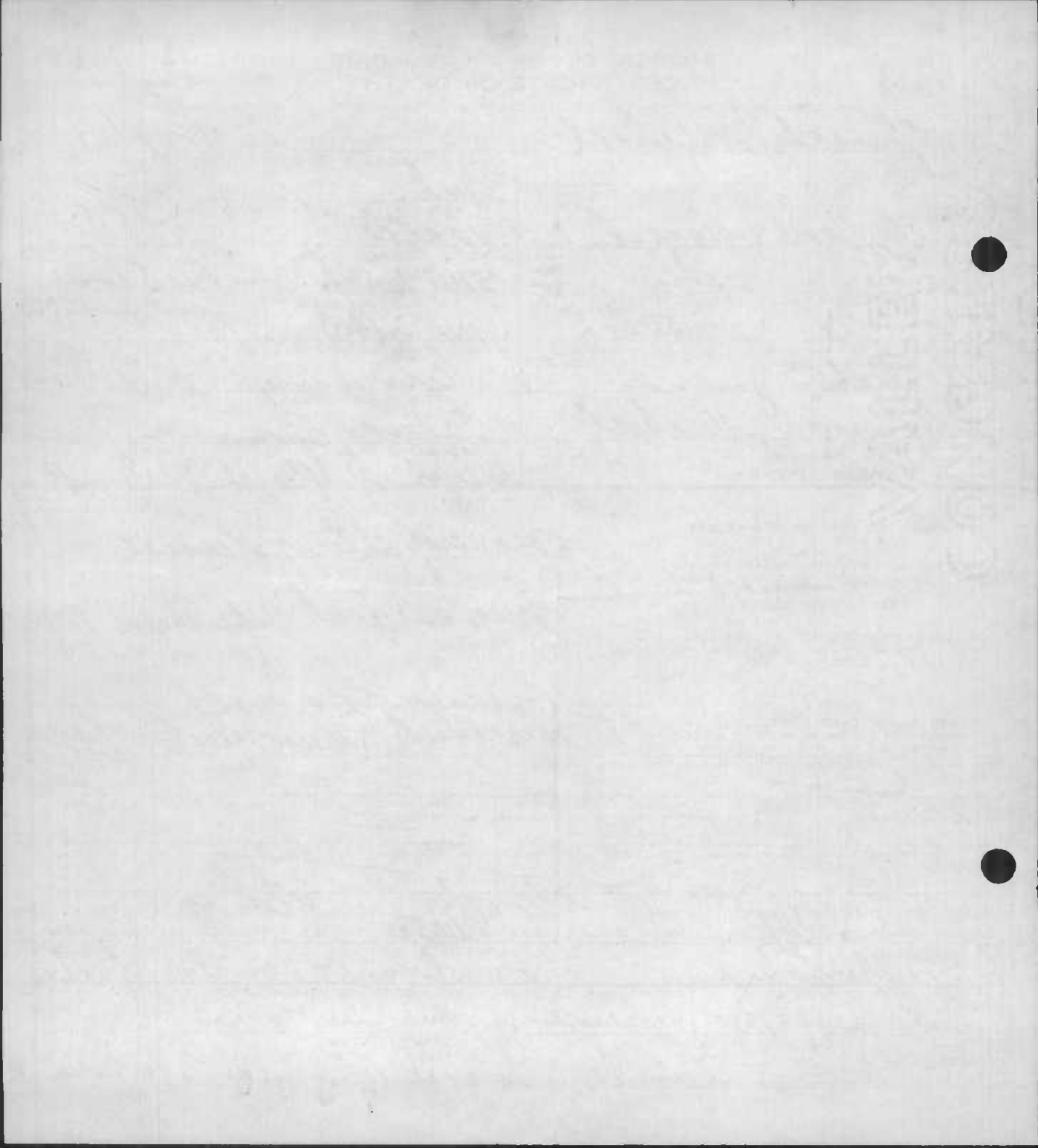
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 25 1951



230
51 7414
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7414
Registered No.

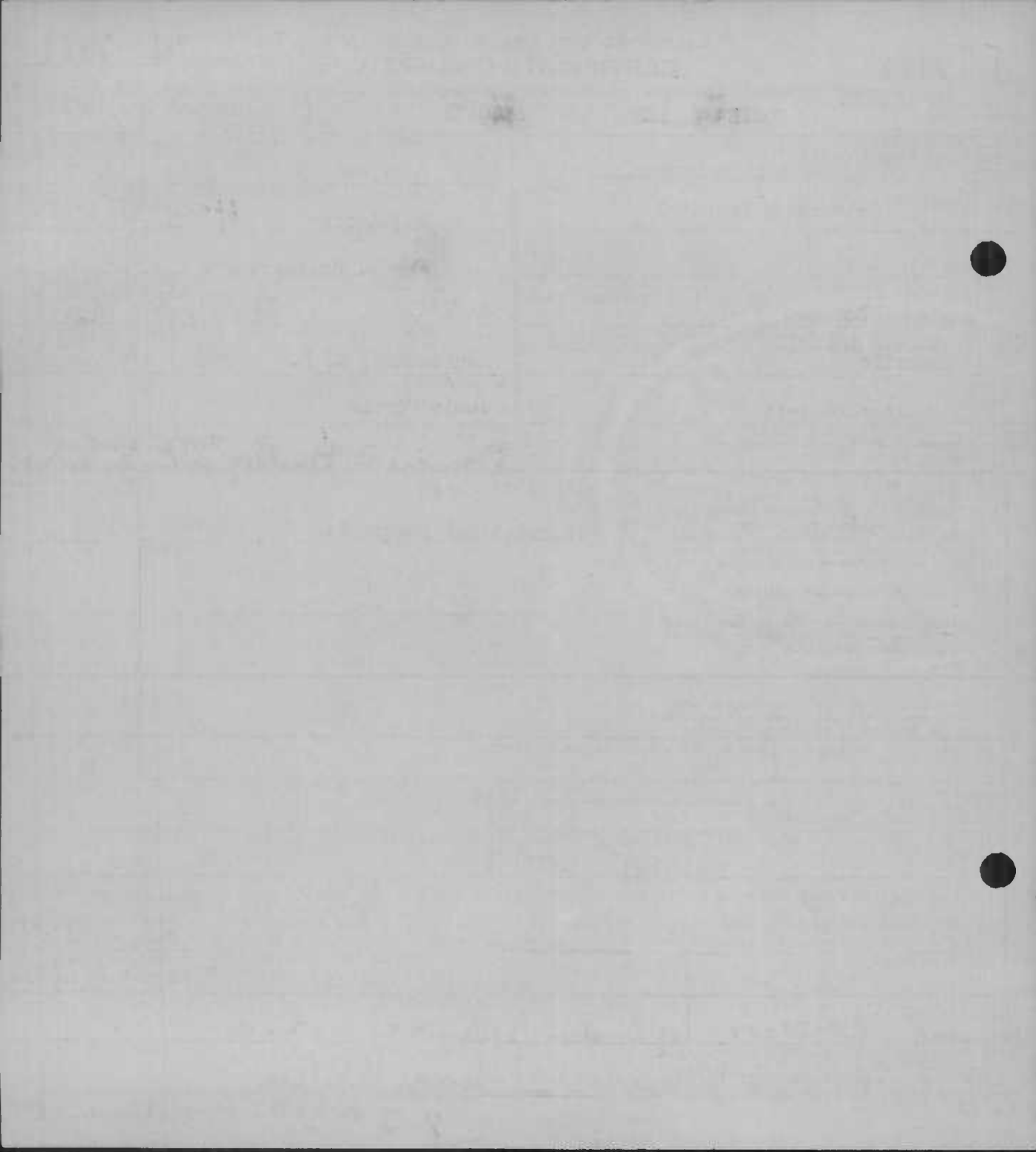
1. NAME OF DECEASED (Type or Print)		JOSIE LEE LEGGETT		2. DATE OF DEATH August 23, 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore	
b. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital				c. CITY OR TOWN (If outside corporate limits, write FULL and give township) Baltimore	
c. Month of stay in Baltimore				d. STREET ADDRESS (If rural, give location) 769 W. Mulberry St.	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 12/7/23		9. AGE (In years last birthday) 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic			11. BIRTHPLACE (State or foreign country) Laurenburg, N. C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Walter Leggett			14. MOTHER'S MAIDEN NAME Josie Purvis		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.			17. INFORMANT Dannie B. Dudley 708 E. 3rd St. N. C.		

18. 492x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) INTERSTITIAL PNEUMONIA DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Interstitial pneumonia (B) (C)		INTERVAL BETWEEN ONSET AND DEATH
--	--	--	--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					

23A. SIGNATURE William W. Board		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED August 24, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 8-27-51		24C. NAME OF CEMETERY OR CREMATORY Winston Salem N.C.	
24D. LOCATION (City, town, or county) n.e.		24E. FUNERAL DIRECTOR George S. Kilson		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR AUG 25 1951		REGISTRAR'S SIGNATURE William W. Board		25. PRESIDENTIAL	

57208A 7391303 President
114E



151
ND-151412
51 7415
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7415
Registered No.

31-18718

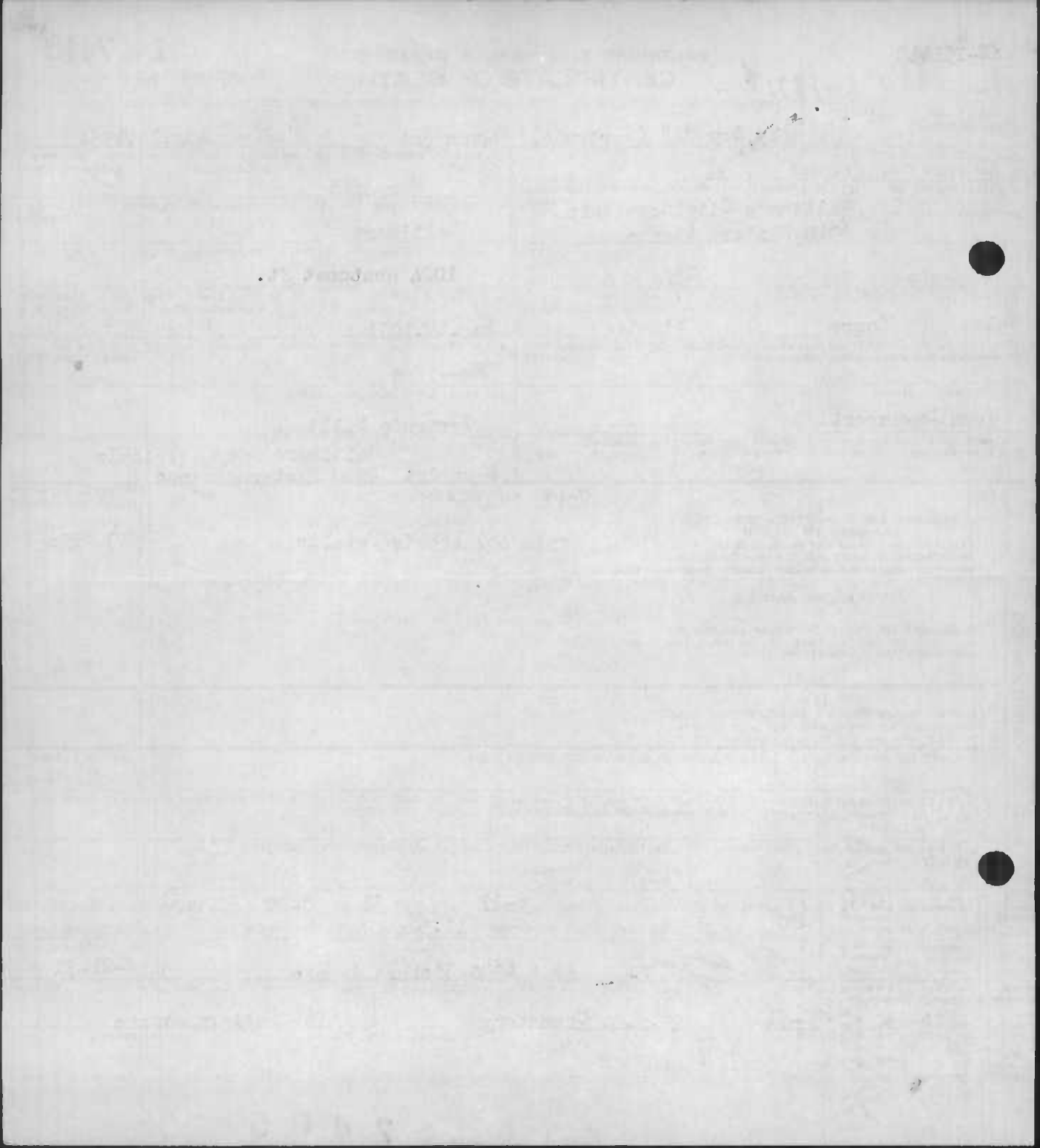
1. NAME OF DECEASED (Type or Print) Baby Boy "B" (Gertrude) Davenport		2. DATE OF DEATH Aug. 20, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore	
6. LENGTH OF STAY IN BALTIMORE Life		D. STREET ADDRESS (If rural, give location) 1024 Whatcoat St.	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 17, 1951
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 3	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Davenport		14. MOTHER'S MAIDEN NAME Gertrude Williams	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue		ADDRESS	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Erythroblastosis Fetalis DUE TO INTERVAL BETWEEN ONSET AND DEATH 3 Days	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-17, 1951 to 8-20, 1951, that I last saw the deceased alive on 8-20, 1951, and that death occurred at 11:30 a.m., from the causes and on the date stated above.					
23A. SIGNATURE C. S. Ozer		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 8-21-51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 8-22-51		24C. NAME OF CEMETERY OR CREMATORY B.C.H. Crematory		24D. LOCATION (City, town, or county) (State) 4940 Eastern Avenue	
DATE RECEIVED BY LOCAL REGISTRAR AUG 25 1951		REGISTRAR'S SIGNATURE William Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS			

10510007400 161c



500

51 7416 51-17486

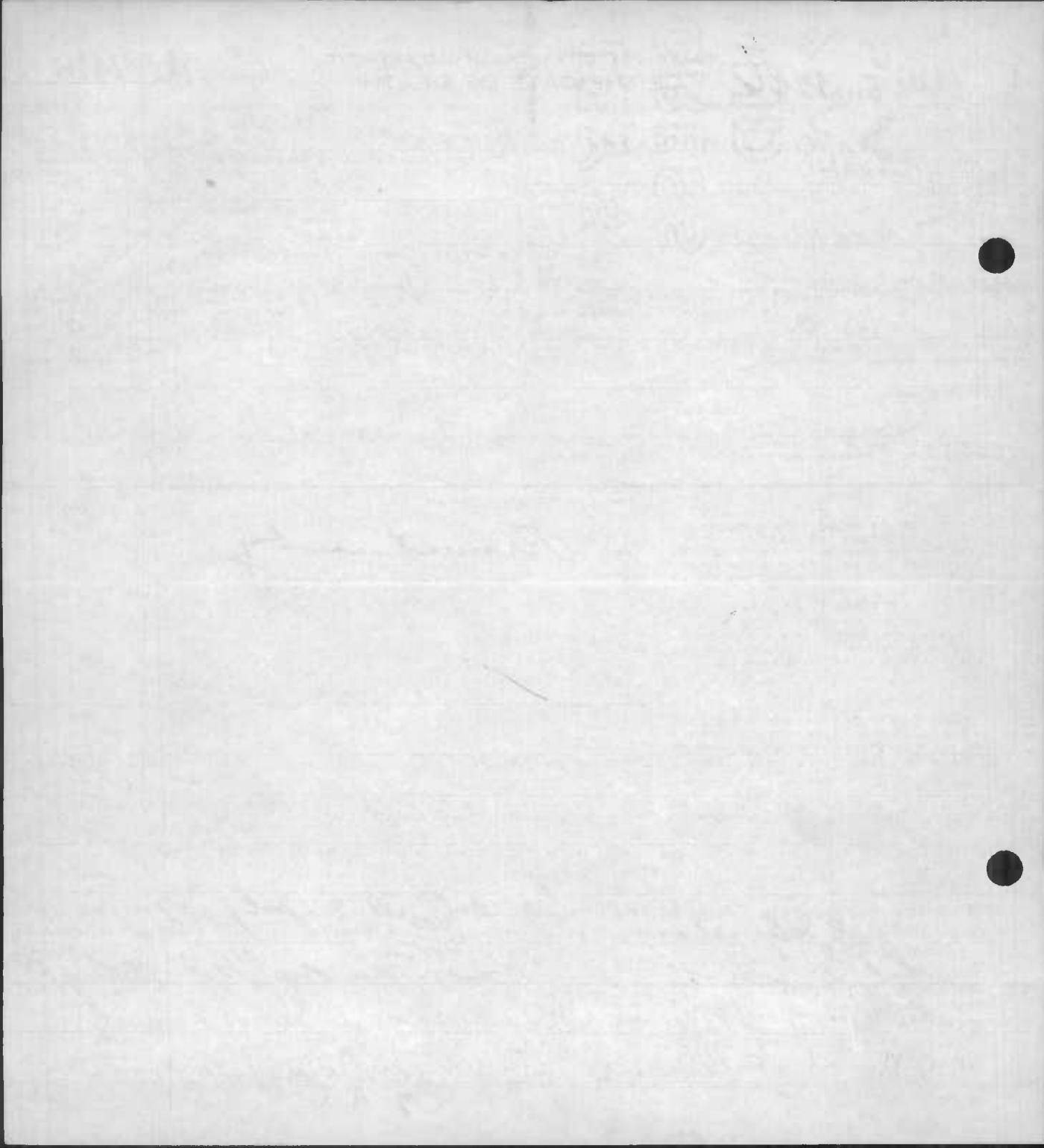
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7416

1. NAME OF DECEASED (Type or Print) WILLIAM ANTHONY BOWEN		2. DATE OF DEATH July 27-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY 27-18	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 15	
c. Length of stay in Baltimore Yrs. Mos. Days 3126 Virginia Ave -		D. STREET ADDRESS (If rural, give location)	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH July 27-1951
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 9 days
13. FATHER'S NAME Miller Bowen		14. MOTHER'S MAIDEN NAME Ruth Margaret Shumbridge	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Walter		18. CITIZEN OF WHAT COUNTRY? 3126 Virginia Ave	

18. 776X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prerenal uremia (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 22 July, 1951 to 27 July, 1951 that I last saw the deceased alive on 27 July, 1951 , and that death occurred at 8:15 m., from the cause and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS Union Memorial Hosp. Baltimore		23C. DATE SIGNED 15 Aug 51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated		24B. DATE 7-29-51		24C. NAME OF CEMETERY OR CREMATORY Union Mem. Hosp.	
24D. LOCATION (City, town, or county) Balto - 18, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR AUG 25 1951		24F. REGISTRAR'S SIGNATURE [Signature]	
24G. FUNERAL DIRECTOR Haney H. May		24H. ADDRESS Pathology Dept.		24I. DATE RECEIVED BY LOCAL REGISTRAR AUG 25 1951	



500

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7417
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert Royal Bowen

2. DATE
OF
DEATH

July 27-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

July 27-1951

9. AGE (In years;
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

Plus

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Ruth Margaret Newbridge

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

Mother

3126 Virginia Ave

18. 776X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Pneumonia
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 27 July, 1951, to 27 July 1951 that I last saw the
deceased alive on 27 July, 1951, and that death occurred at 6 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremated

24B. DATE

7-29-51

24C. NAME OF CEMETERY OR CREMATORY

Union Mem. Hosp.

24D. LOCATION (City, town, or county)

Baltimore - 18, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

John Williams, Jr.

25 FUNERAL DIRECTOR

Hancy M. Allan, Pathology Dept.

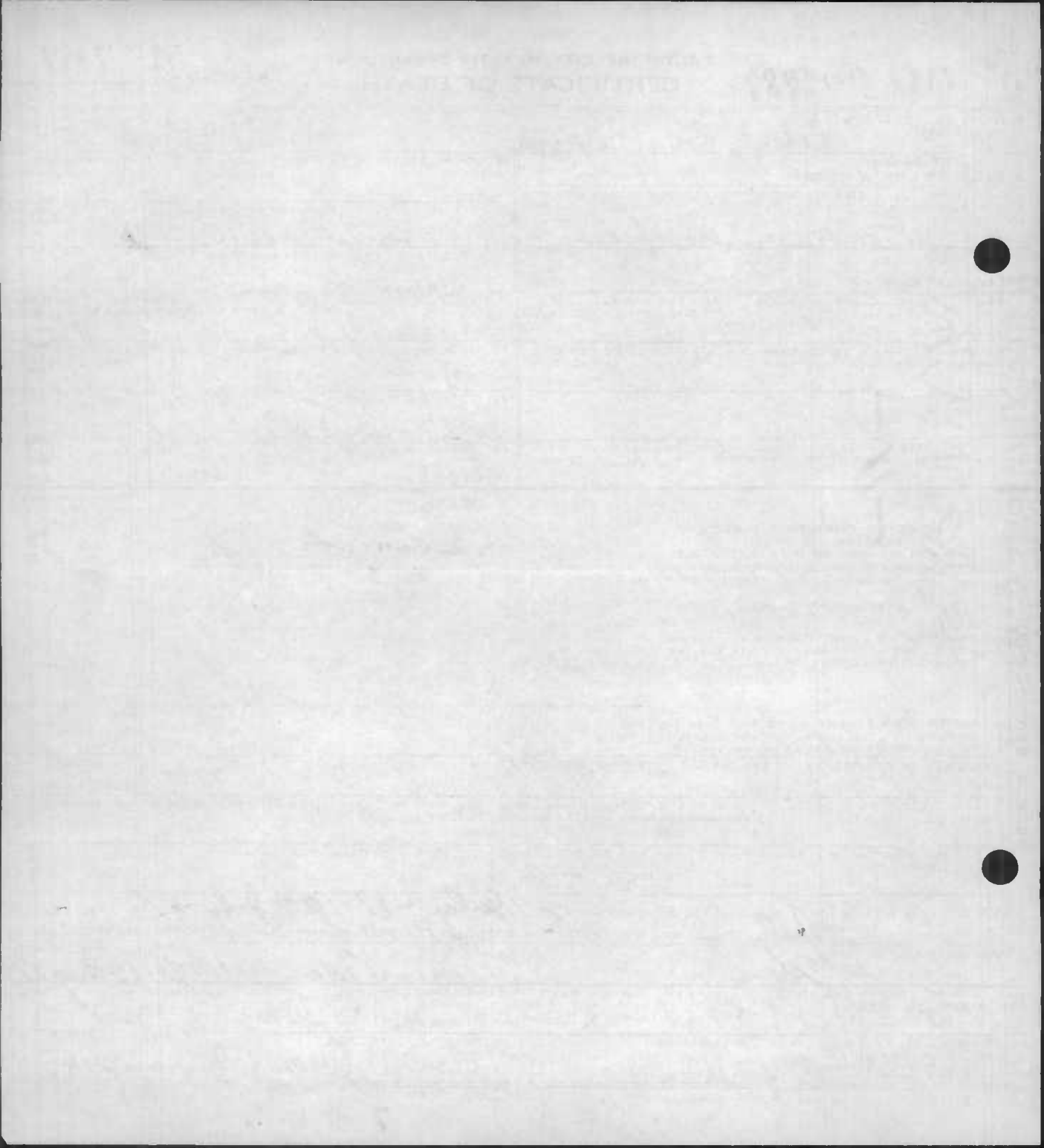
ADDRESS

VS 150

19510307402 159

525200025

MEDICAL CERTIFICATION



626
512-9418BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7418

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HENRY J. HORCHER - (ROSE)			2. DATE OF DEATH Aug. 24-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland 533 S. Decker Ave.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 1-02		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write R.R. [A], and give township) Balto.		
c. Length of stay in Baltimore 56 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 533 S. Decker Ave.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 11-11-1894	9. AGE (In years, last birthday) 56	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rabber			10B. KIND OF BUSINESS OR INDUSTRY Brewery		
13. FATHER'S NAME John Horcher			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 216-01-1968		
			17. INFORMANT Josephine (Doyle) Horcher		
			ADDRESS - (above)		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO Arteriosclerosis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Pernicious Anemia, marked	CAUSE OF DEATH Coronary Thrombosis Arteriosclerosis Pernicious Anemia, marked	INTERVAL BETWEEN ONSET AND DEATH about 30 minutes ?
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19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 1957**, to **Aug 1957**, 19__, that I last saw the deceased alive on **Aug 21**, 19**57**, and that death occurred at **12:20** a.m., from the causes and on the date stated above.

23A. SIGNATURE Richard A. Magiano	23B. ADDRESS 2802 Bayard Rd	23C. DATE SIGNED 8/24/51
--	------------------------------------	---------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8-27-51	24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus	24D. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR AUG 25 1951	REGISTRAR'S SIGNATURE William H. Williams	25. FUNERAL DIRECTOR John J. Duda, Inc.	ADDRESS 3829 Madison St.

526
1 7419BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7419

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Ringrose Harry J.</i>		2. DATE OF DEATH <i>8.23.1957</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Ind</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Monkern Square Hospit.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 25-33</i>			
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural give location) <i>2431 Westport Bk</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>7.29.1911</i>	9. AGE (In years last birthday) <i>40</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>glass operator</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Glass Bottle Co</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>	
13. FATHER'S NAME <i>Geo Ringrose</i>		14. MOTHER'S MAIDEN NAME <i>Kelly Catherine</i> ✓			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or not known)		16. SOCIAL SECURITY NO. <i>316-09-4137</i>		17. INFORMANT <i>Harry J. Ringrose</i> ADDRESS <i>2431 Westport Bk</i>	
18. <i>416X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Rheumatic Heart Disease</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Cardiac decompensat.</i>		(B) <i>Uremia</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Chronic Nephritis</i>		(C)			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8.18</i> 19 <i>57</i> , to <i>8.23</i> 19 <i>57</i> , that I last saw the deceased alive on <i>8.23</i> 19 <i>57</i> , and that death occurred at <i>10:45</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Dr. J. J. Burkhart</i>		M. D.		23B. ADDRESS <i>Monkern Square Hosp.</i>	
23C. DATE SIGNED <i>8.23.1957</i>					
24A. BURIAL, CREMATION, REMAIN (Specify) <i>Burial</i>		24B. DATE <i>Aug 27-1957</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>	
24D. LOCATION (City, town, or county) <i>Baltimore Md.</i>					
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 25 1957</i>		REGISTRAR'S SIGNATURE <i>William J. Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Mr. Mrs. John & Ruth Low 5311 Edmondson Ave</i>	

5 160935

740

131 B Ave

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Physician	
10. Signature of Registrar		11. Signature of Informant		12. Signature of Coroner	
13. Signature of Medical Examiner		14. Signature of Police Officer		15. Signature of Funeral Home	
16. Signature of Burial Place		17. Signature of Cemetery		18. Signature of Interment	
19. Signature of Burial		20. Signature of Burial		21. Signature of Burial	
22. Signature of Burial		23. Signature of Burial		24. Signature of Burial	
25. Signature of Burial		26. Signature of Burial		27. Signature of Burial	
28. Signature of Burial		29. Signature of Burial		30. Signature of Burial	
31. Signature of Burial		32. Signature of Burial		33. Signature of Burial	
34. Signature of Burial		35. Signature of Burial		36. Signature of Burial	
37. Signature of Burial		38. Signature of Burial		39. Signature of Burial	
40. Signature of Burial		41. Signature of Burial		42. Signature of Burial	
43. Signature of Burial		44. Signature of Burial		45. Signature of Burial	
46. Signature of Burial		47. Signature of Burial		48. Signature of Burial	
49. Signature of Burial		50. Signature of Burial		51. Signature of Burial	
52. Signature of Burial		53. Signature of Burial		54. Signature of Burial	
55. Signature of Burial		56. Signature of Burial		57. Signature of Burial	
58. Signature of Burial		59. Signature of Burial		60. Signature of Burial	
61. Signature of Burial		62. Signature of Burial		63. Signature of Burial	
64. Signature of Burial		65. Signature of Burial		66. Signature of Burial	
67. Signature of Burial		68. Signature of Burial		69. Signature of Burial	
70. Signature of Burial		71. Signature of Burial		72. Signature of Burial	
73. Signature of Burial		74. Signature of Burial		75. Signature of Burial	
76. Signature of Burial		77. Signature of Burial		78. Signature of Burial	
79. Signature of Burial		80. Signature of Burial		81. Signature of Burial	
82. Signature of Burial		83. Signature of Burial		84. Signature of Burial	
85. Signature of Burial		86. Signature of Burial		87. Signature of Burial	
88. Signature of Burial		89. Signature of Burial		90. Signature of Burial	
91. Signature of Burial		92. Signature of Burial		93. Signature of Burial	
94. Signature of Burial		95. Signature of Burial		96. Signature of Burial	
97. Signature of Burial		98. Signature of Burial		99. Signature of Burial	
100. Signature of Burial		101. Signature of Burial		102. Signature of Burial	

650
1 7420BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7420

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LAURA EMILY CARNEY

2. DATE
OF
DEATH

8-23-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1654 GORSUCH AVE

C. Length of stay in Baltimore

32

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

FEMALE

WHITE

SEPARATED

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWORK

10B. KIND OF BUSINESS OR
INDUSTRY

AT HOME

13. FATHER'S NAME

HENRY C. GORDY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

215-30-4790

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

MD.

C. CITY OR TOWN

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1654 GORSUCH AVE

8. DATE OF BIRTH

MAY 15, 1910

9. AGE (In years,
last birthday)

41

If Under 1 Year If Under 24 Hours
Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)

BLADES, DELAWARE

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

ALICE ELLIS

17. INFORMANT (MOTHER)

ADDRESS

MRS. ALICE GORDY

SAME

18.

1561

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of liver

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

2 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1951, to Aug 21, 1951, that I last saw the
deceased alive on Aug. 20, 1951, and that death occurred at 11²⁵ A. m., from the causes and on the date stated above.

23A. SIGNATURE

Donald Dandorf

M. D.

23B. ADDRESS

6077 Harford Rd

23C. DATE SIGNED

8-24-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

8/27/51

24C. NAME OF CEMETERY OR CREMATORY

JESSOPS CEMETERY

24D. LOCATION (City, town, or county)

BALTO. CO.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

J. Walter Coulter

25. FUNERAL DIRECTOR

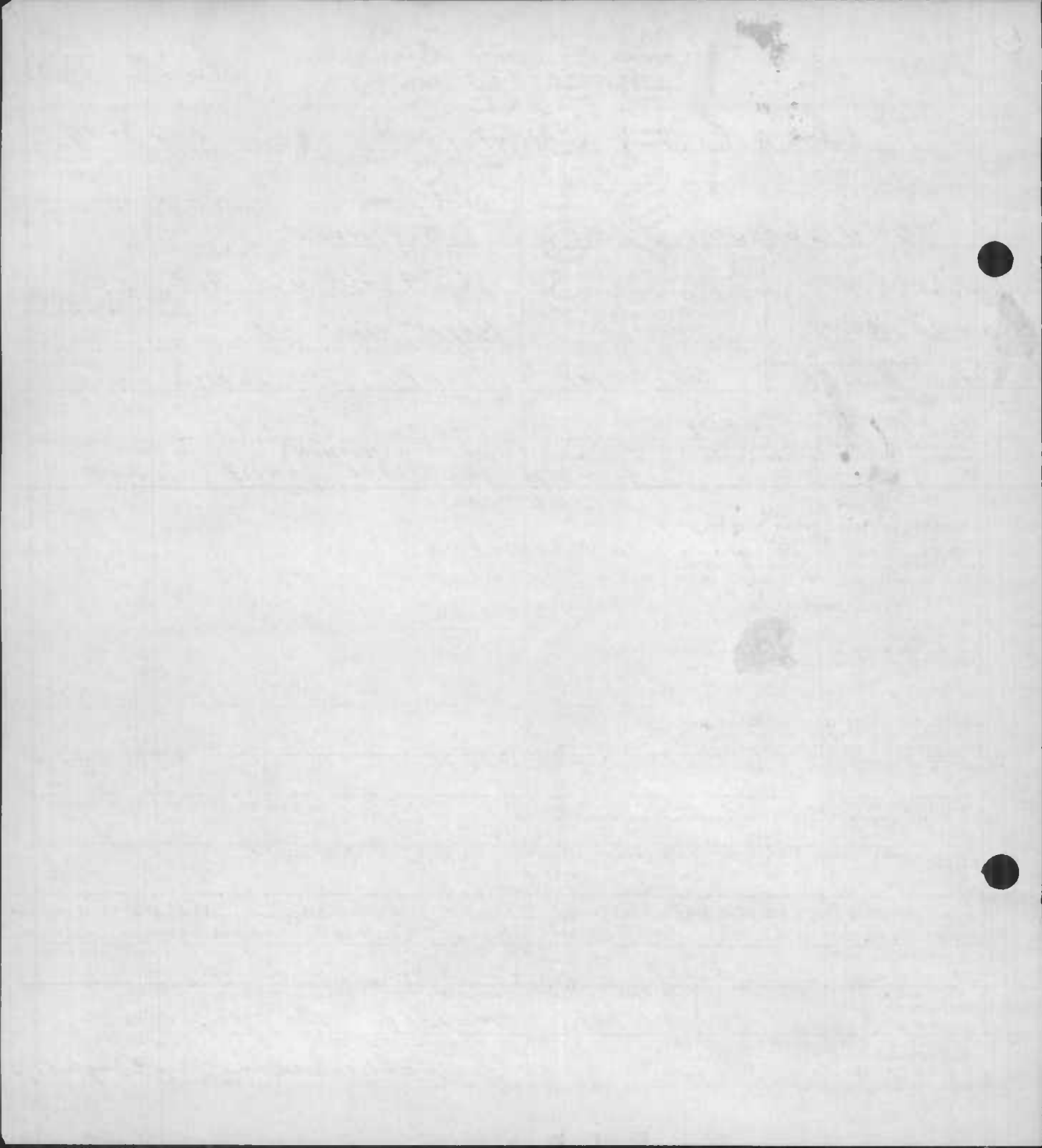
ADDRESS

J. Walter Coulter 2343 Harford Rd.

AUG 25 1951

VS 150

46F



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 7421**

1. NAME OF DECEASED (Type or Print) George Appel		2. DATE OF DEATH Aug. 23/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ma. B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION 222 N. Monroe St.		C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore	
6. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 222 N. Monroe St.	
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, DIVORCED, WIDOWED (Specify) Single	10. DATE OF BIRTH Jan. 7, 1866
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Warehouseman		12. AGE (In years last birthday) 85	
13. KIND OF BUSINESS OR INDUSTRY B. & O. N. R.		13. BIRTHPLACE (State or foreign country) Balto. Md.	
14. FATHER'S NAME John Appel		15. CITIZEN OF WHAT COUNTRY? Ma.	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		17. SOCIAL SECURITY NO.	
18. INFORMANT Miss Nora Appel, 222 N. Monroe St.		ADDRESS	

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma skin DUE TO ANTECEDENT CAUSES Bronchopneumonia DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
---	--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7/3 , 19 51 , to 8/23 , 19 51 , that I last saw the deceased alive on Aug 23 , 19 51 , and that death occurred at 10:45 a. m., from the causes and on the date stated above.					
23A. SIGNATURE Milton Rosenfeld		23B. ADDRESS 1429 W Fayette St W		23C. DATE SIGNED 8/25/51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8/27/51	24C. NAME OF CEMETERY OR CREMATORY Western, Edmondson Ave.	24D. LOCATION (City, town, or county) (State) Longwood St. Balto. Ma.
DATE RECEIVED BY LOCAL REGISTRAR AUG 25 1951	REGISTRAR'S SIGNATURE Wm. J. Williams, Jr.	25. FUNERAL DIRECTOR Harry H. Witzke	ADDRESS 4101 Edmondson Ave.

Baroness von
Bismarck

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7422

Registered No.

51 7422

1. NAME OF DECEASED (Type or Print) Charles Mason Johnson		2. DATE OF DEATH Aug. 23/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2590 Edmondson Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2590 Edmondson Ave.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	B. DATE OF BIRTH May 1, 1898
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10B. KIND OF BUSINESS OR INDUSTRY Zell Motor Co.	9. AGE (In years last birthday) 55
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Adrian Johnson		14. MOTHER'S MAIDEN NAME Savannah-----	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 212 09 3972	
17. INFORMANT Mrs. Edith C. Johnson		ADDRESS 2590 Edmondson Ave.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.1 I Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 60 hours	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary Sclerosis		5 years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. none			
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from August 21, 1951 , to Aug 23, 1951 , that I last saw the deceased alive on Aug 22, 1951 , and that death occurred at 2:30 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE Charles L. Stewart		23B. ADDRESS M. D. 6 E. Read St.	23C. DATE SIGNED 8/25/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Aug. 27/51	24C. NAME OF CEMETERY OR CREMATORY Grace Reformed Church	24D. LOCATION (City, town, or county) (State) Cem. Taneytown, Md.
DATE RECEIVED BY LOCAL REGISTRAR AUG 25 1951		REGISTRAR'S SIGNATURE William Williams, M.D.	25. FUNERAL DIRECTOR Harry F. Hutzka
		ADDRESS 101 Edmondson Ave.	

COMING

WINTER

COPY

WILLY
COLGREN
BOND
100/100

51 7424
BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

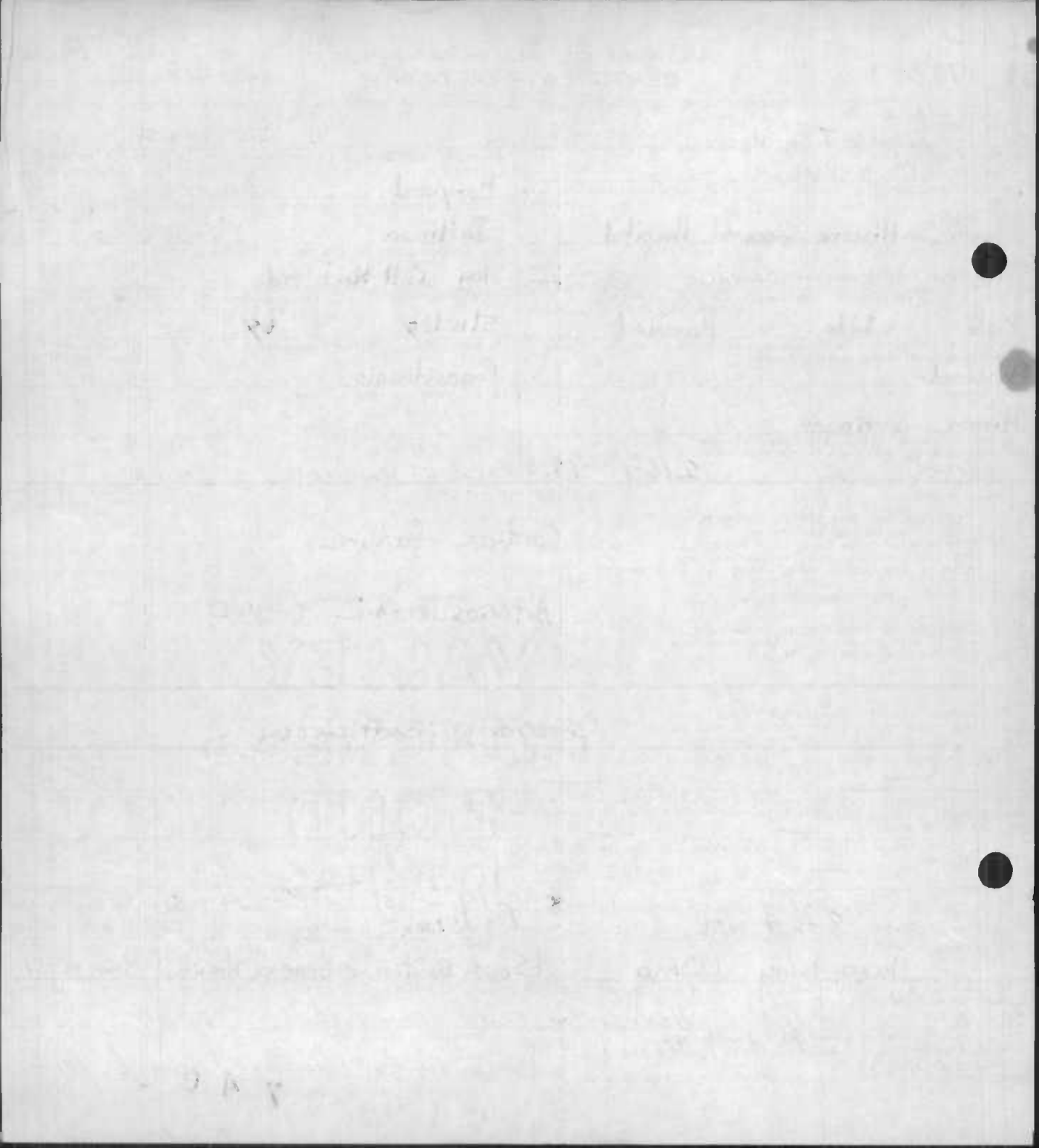
51 7424

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Chester T. Springer						2. DATE OF DEATH 8/24/51											
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓						4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY BALTO											
5. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital						C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore											
6. LENGTH OF STAY IN BALTIMORE DUNDALK 25 Yrs. Most Days						D. STREET ADDRESS (If rural, give location) 8109 Bull Neck Rd. 5200											
7. SEX Male		8. COLOR OR RACE White		9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		10. DATE OF BIRTH 5/10/1899		11. AGE (In years last birthday) 62		12. Under 1 Year Months Days		13. Under 24 Hours Hours Min.					
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Missioned-						10B. KIND OF BUSINESS OR INDUSTRY STEEL						11. BIRTHPLACE (State or foreign country) Pennsylvania					
13. FATHER'S NAME Hiram Springer						14. MOTHER'S MAIDEN NAME UNK?						12. CITIZEN OF WHAT COUNTRY? U.S.A					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No No						16. SOCIAL SECURITY NO. 216-10-1710						17. INFORMANT ELLA C. SPRINGER - SAME					
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT						CAUSE OF DEATH (A) Cardiac failure DUE TO (B) Arteriosclerotic c-v-d. DUE TO (C) Coronary insufficiency						INTERVAL BETWEEN ONSET AND DEATH					
19A. DATE OF OPERATION						19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES [] NO [x]					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH						21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)						21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) INJURY						21E. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK []						21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 8-7-1951, to 8-24, 1951 that I last saw the deceased alive on 8-24, 1951, and that death occurred at 5:30a.m., from the causes and on the date stated above.																	
23A. SIGNATURE Hung-tsing Wong						23B. ADDRESS M.D. South Baltimore General Hospital						23C. DATE SIGNED 8-24-1951					
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL						24B. DATE 8/27/51						24C. NAME OF CEMETERY OR CREMATORY HEPHERIAN BAPTIST CEM MODENA, PENNA					
24D. LOCATION (City, town, or county) (State) BALTIMORE, MD						25. FUNERAL DIRECTOR Walter Brady Bradley, Dundalk, Md.						ADDRESS					

6903A5 1000740 937



DAY

200 51 7425

51 7425

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry E. Hoch

2. DATE
OF
DEATH

8-25-51

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

Yrs.
Mos.
Days

c. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

5/29/898

9. AGE (In years
last birthday)

33

If Under 1 Year
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Lamp Worker

10b. KIND OF BUSINESS OR
INDUSTRY

Glass

13. FATHER'S NAME

Nicholas Hoch

(m)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL
SECURITY NO.

216-07-9917

14. MOTHER'S MAIDEN NAME

Minnie Hoch

17. INFORMANT

ADDRESS

Wife Bertha E. Hoch 1207 Sargant St

18. 193 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Brain Tumor

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

?

19a. DATE OF OPERATION

8-20-51

19b. MAJOR FINDINGS OF OPERATION

Temporo-parietal Lobe Tumor of Brain

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/18, 1951, to 8/21, 1951, that I last saw the
deceased alive on 8-25-51, 1951, and that death occurred at 3:15 A. M., from the causes and on the date stated above.

23a. SIGNATURE

Roger D. Scott

M. D.

23b. ADDRESS

University Hospital

23c. DATE SIGNED

8/25/51

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

Aug 28, 1951

24c. NAME OF CEMETERY OR CREMATORY

Loudon Park

24d. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

AUG 26 1951

Hattie M. Williams, M. D. Mrs. Mrs. John W. Guefel, Son 5311

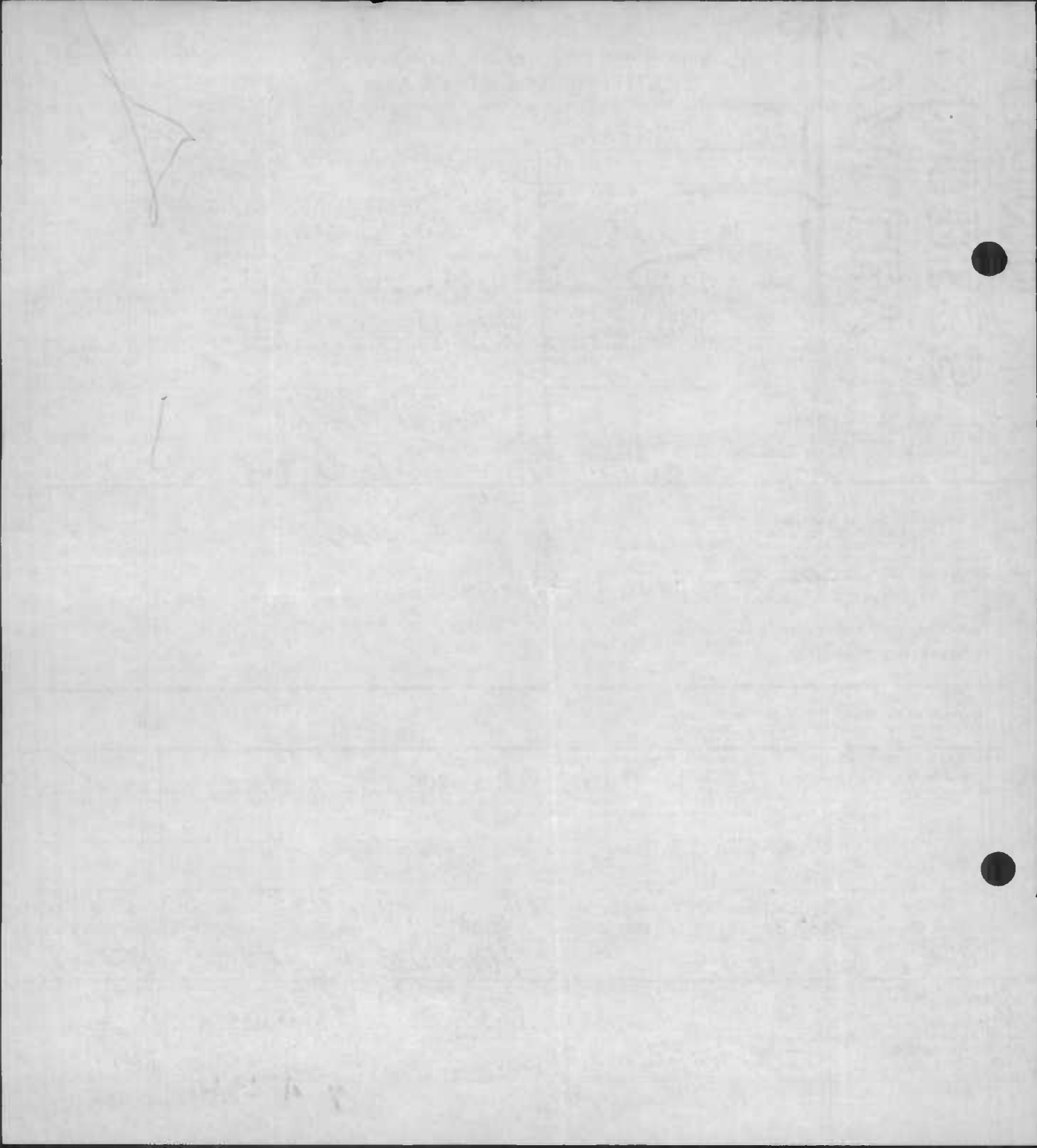
25. FUNERAL DIRECTOR

ADDRESS

VS 150

698 350 0074 Edmondson Ave
570

MEDICAL CERTIFICATION



51 7426

51 7426

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MICHAEL BEALE

2. DATE
OF
DEATH

8 18 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

MD. STATE PENITENTIARY HOSPITAL

Yrs.
Mos.
Days

C. Length of stay in Baltimore over 16

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

Allegany

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

COMBERLAND

D. STREET ADDRESS (If rural, give location)

939 MARYLAND AVENUE.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

STRUCTURAL IRON WORKER

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

does not know

9. AGE (In years last birthday)

about 35

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

COMBERLAND MD

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

JOHN AS BEALE

14. MOTHER'S MAIDEN NAME

MARY NEWMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

PATIENT.

18. 443X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

CAUSE OF DEATH

Broncho pneumonia (Hypostatic)

INTERVAL BETWEEN ONSET AND DEATH

about 2 weeks

Cerebral Haemorrhage

8 months

Hypertensive Cardiovascular disease

years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1st, 1951, to August 18, 1951, that I last saw the deceased alive on August 16, 1951, and that death occurred at 11:35 a.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

8/18/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

8/24/51

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

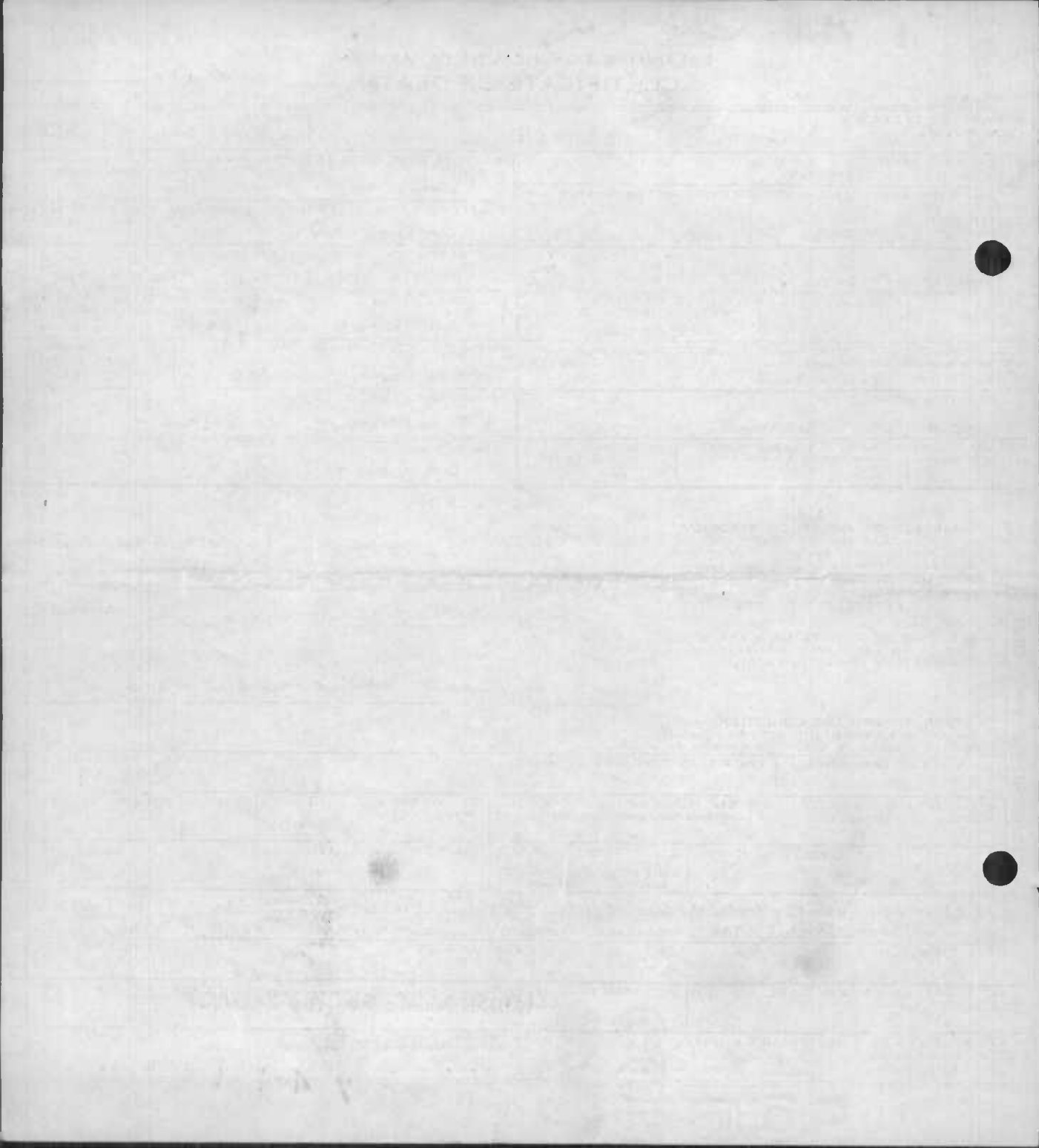
J.J. Fahey & Sons, 1316 Light St.

VS 150

57529 0074

927

MEDICAL CERTIFICATION



620 51 7427

51 7427

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

PLEASANT E. TRACEY

2. DATE
OF
DEATH

August 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR 3340 Gilman Terrace
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL, and give township)

13-06

D. STREET ADDRESS (If rural, give location)

3340 Gilman Terrace

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

July 19, 1897

9. AGE (in years
last birthday)

34

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR
INDUSTRY
M. L. Robertson

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Pleasant Tracey

14. MOTHER'S MAIDEN NAME

Ira M. Wilson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
215 01 006417. INFORMANT
ADDRESS
Anna M. Tracey 3340 Gilman Terrace

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Generalized arteriosclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Coronary arteriosclerosis

DUE TO

(C) Myocardial failure

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR23C. DATE SIGNED
August 24, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR
UG 26 1951

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

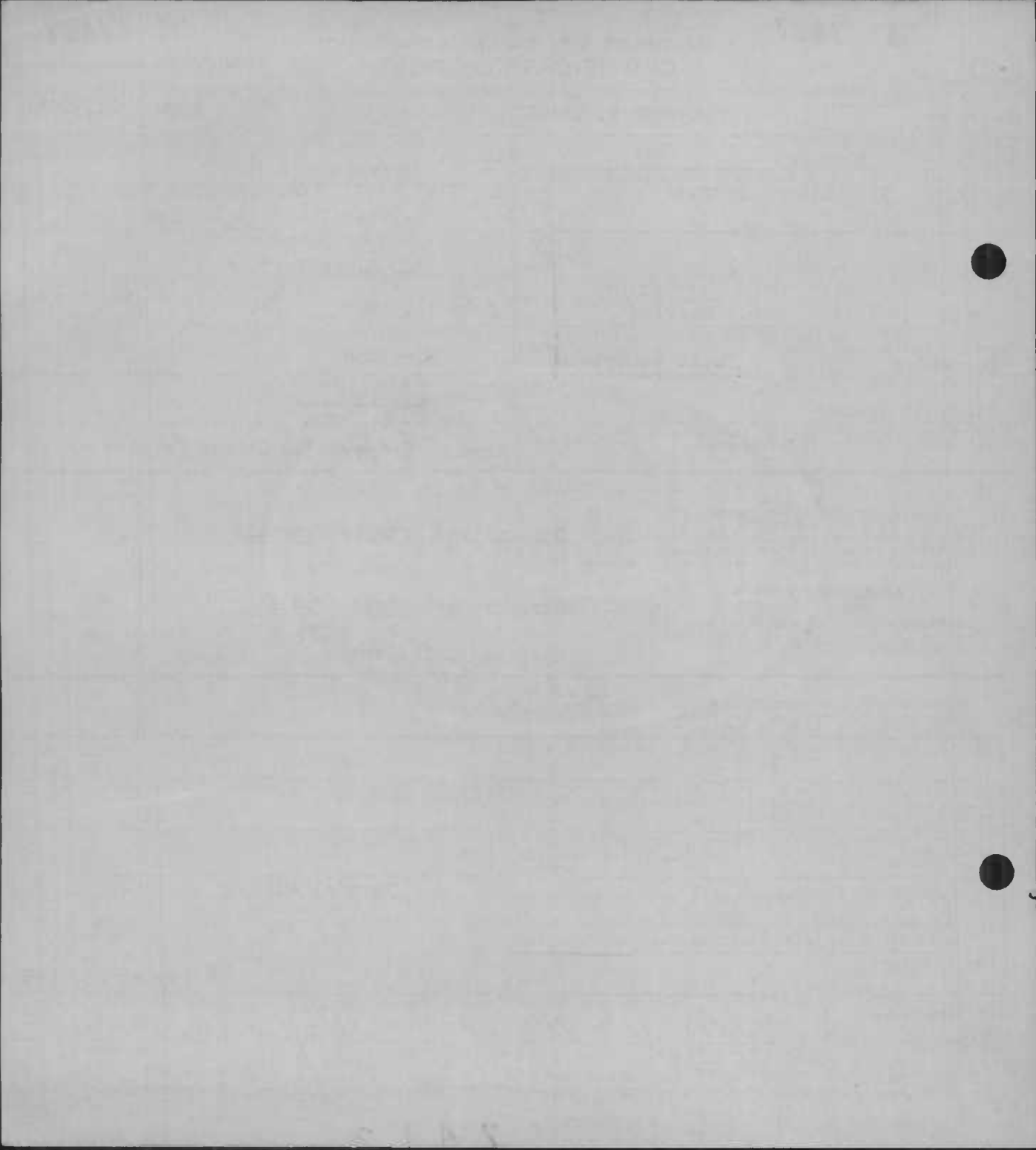
VS 151

1951 5/8 347 412

94a

20

MEDICAL CERTIFICATION



1350 51 7428

51 7428

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

51-18708

1. NAME OF DECEASED
(Type or Print)

BABY

NEWTON

2. DATE
OF
DEATH

August 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

623 N. Paca Street

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

623 N. Paca Street

17-01

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min

11 hr.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 776x I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER
ASSISTANT MEDICAL EXAMINER
MEDICAL INVESTIGATOR

23C. DATE SIGNED

August 14, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

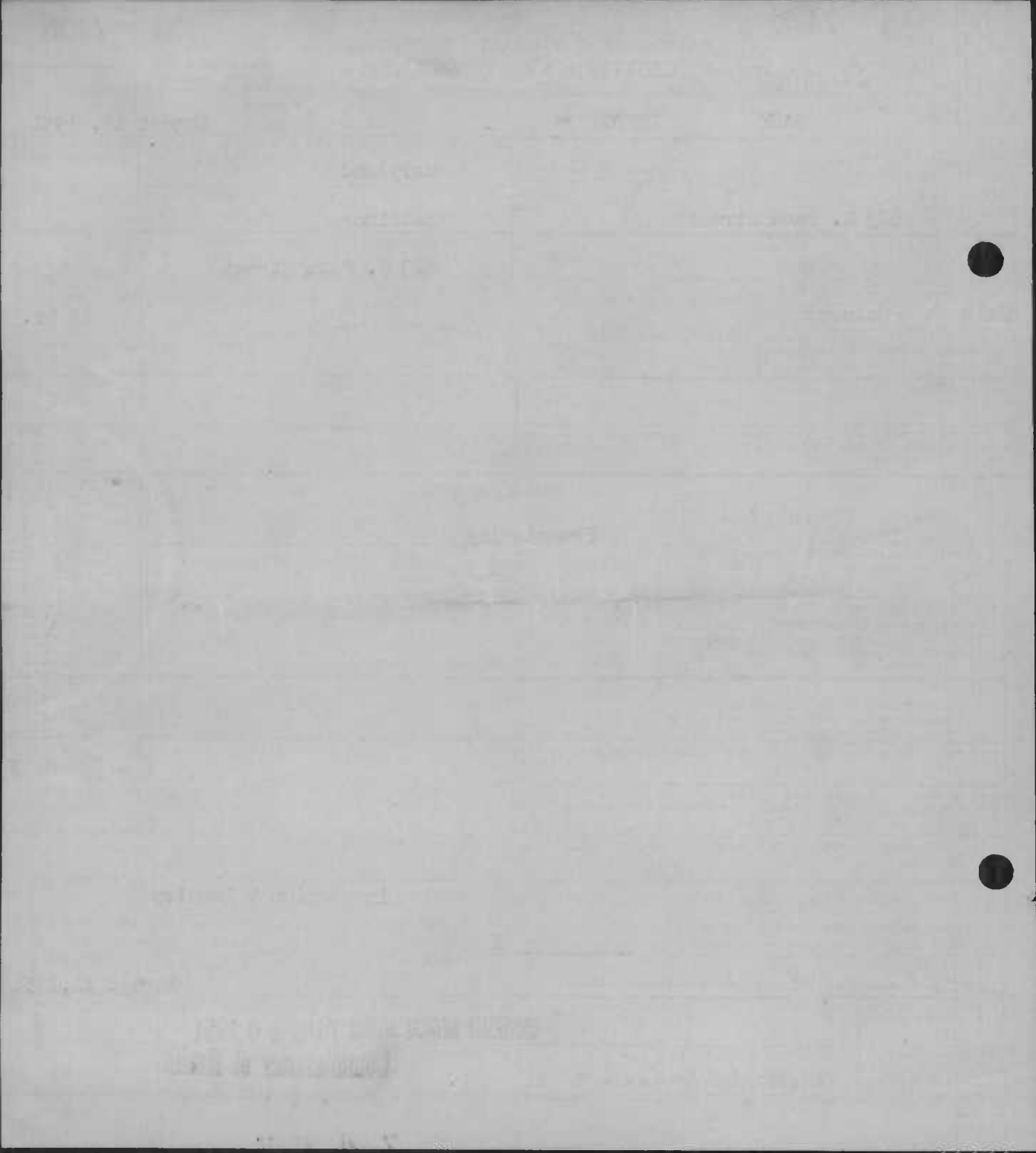
ADDRESS

VS 151

UNIVERSITY MEDICAL SCHOOL AUG 20 1951

Commissioner of Health

159



51 7429

51 7429

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs Helene Bodenheimer

2. DATE
OF
DEATH

8-24-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Levendale

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 28-03

D. STREET ADDRESS (If rural, give location)

4314 Norfolk Ave

C. Length of stay in Baltimore

10

Yrs.

Mos.

Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

Female White

Married

78

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Ferdinand

14. MOTHER'S MAIDEN NAME

not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Sigmund Bodenheimer

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Cerebral Arteriosclerosis

years

(C)

General Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from August 20, 1951, to August 24, 1951, that I last saw the deceased alive on 8-24-1951, and that death occurred at 10:05 a.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

Jerome J. Blumberg

Levin Dale Home

8-24-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

8-26-51

Rose Dale

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 26 1951

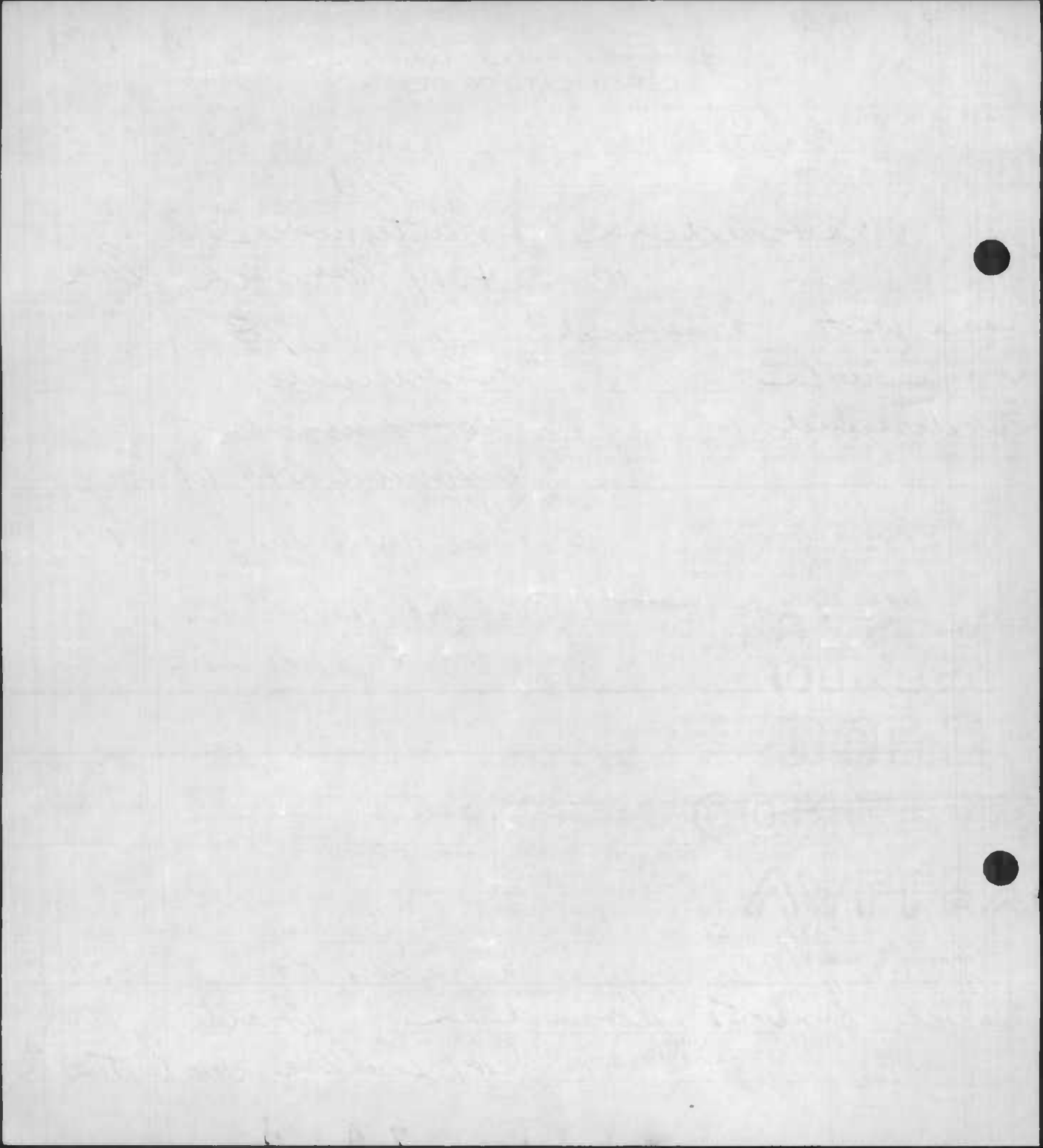
William Williams, Jr.

J. L. Lewis 2100 Canton St

VS 150

83a

MEDICAL CERTIFICATION



625
51 7430BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7430

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IAH BURKOM

2. DATE
OF
DEATH

8-25-57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

2506 Virginia Ave

C. Length of stay in Baltimore

47

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Laba

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Max Burkom - Same

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Thrombosis

3 days

DUE TO

ANTECEDENT CAUSES

(B)

arteriosclerotic Cardio-vascular Disease

3 years

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

none

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 22, 1957, to Aug 25, 1957, that I last saw the
deceased alive on Aug 25, 1957, and that death occurred at 2:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Marcel Lewin

M. D.

4818 Reisterstown Road

8/25/57

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 26 1957

VS 150

JACK LEWIN INC 2100 CANTON PL

937

51 7431

51 7431

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

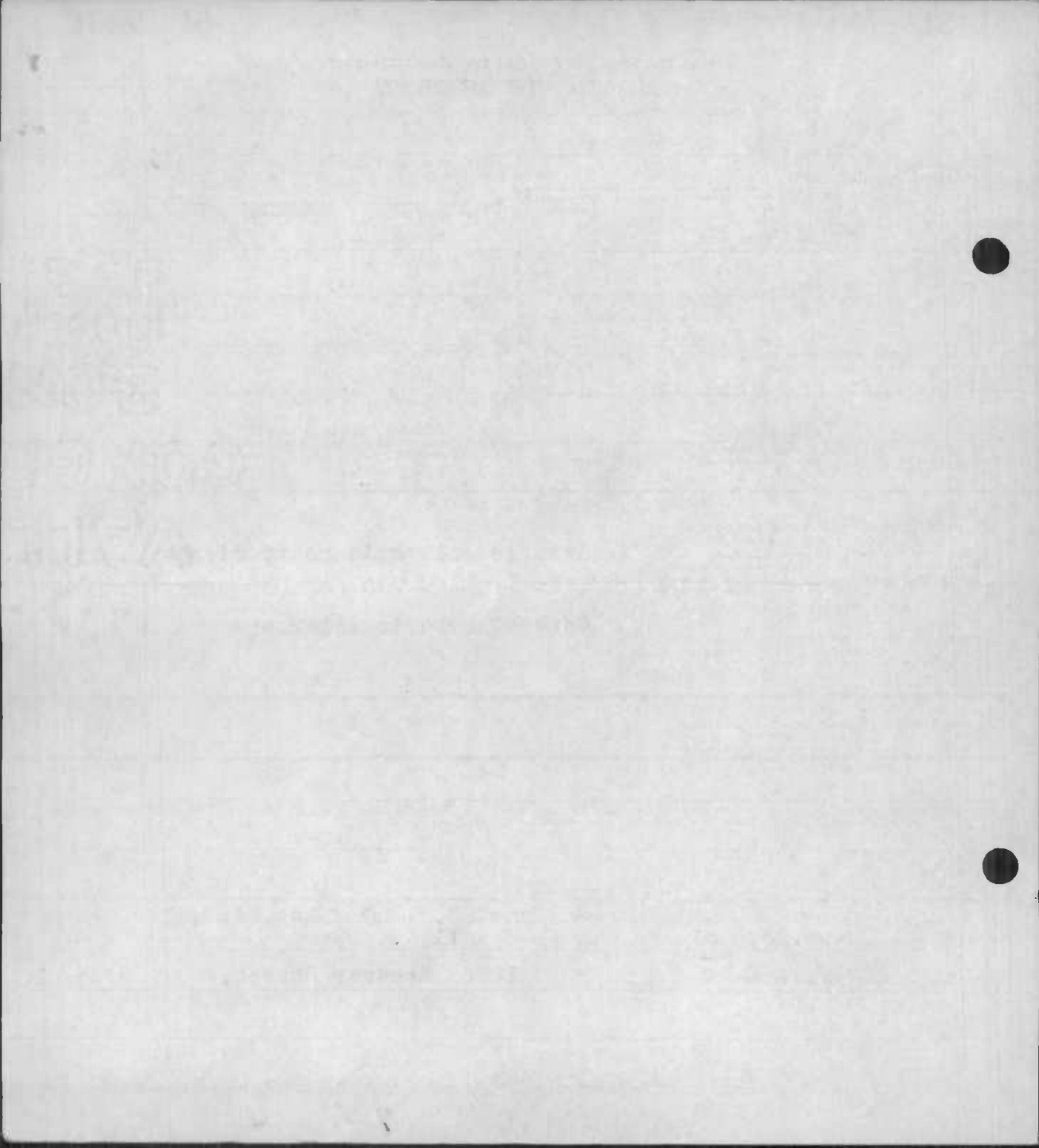
Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		ANNA E. McKENNA		Aug. 24, 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. FULL NAME OF HOSPITAL OR INSTITUTION 2305 St. Paul St.		a. STATE Md			
c. Length of stay in Baltimore		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 4-01			
5. SEX F		6. COLOR OR RACE W		d. STREET ADDRESS (If rural, give location) 408 Park Ave.	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 17, 1872		9. AGE (in years last birthday) 78	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Balto. Md.	
13. FATHER'S NAME Charles W. Miller		14. MOTHER'S MAIDEN NAME Katherine Buschman		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Ella E. Glaeser As Above	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.0 I		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) Arterio sclerotic heart disease		1 1/2 yrs.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) General arterio sclerosis		?	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 20, 1950 to Aug. 24, 1951 that I last saw the deceased alive on Aug. 23, 1951 and that death occurred at 11 A.m., from the causes and on the date stated above.					
23A. SIGNATURE Harry Deille		23B. ADDRESS 1226 Hanover Street, M. O.		23C. DATE SIGNED 8/25/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/27/51		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem.	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR AUG 26 1951		24F. REGISTRAR'S SIGNATURE Wm. J. Tubner	
24G. FUNERAL DIRECTOR VS 150		24H. ADDRESS Baltimore, Md.		24I. DATE RECEIVED BY LOCAL REGISTRAR AUG 26 1951	

MEDICAL CERTIFICATION

51 0007416

927



51 7432

51 7432

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Carrie J. Henry</i>		2. DATE OF DEATH <i>Aug. 22/51</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <i>Md.</i> b. COUNTY _____	
b. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Provident Hospital</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 7-05</i>	
c. Length of stay in Baltimore <i>Life</i>		d. STREET ADDRESS (If rural, give location) <i>1603 E. Madison St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Feb. 10, 1886</i>
9. AGE (In years last birthday) <i>65</i>	10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>
12. CITIZEN OF WHAT COUNTRY? _____	13. FATHER'S NAME <i>Charles Henry</i>	14. MOTHER'S MAIDEN NAME <i>Laura Jones</i>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. _____	17. INFORMANT <i>Lewis Henry</i>	ADDRESS _____	

18. <i>4488</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hypertension Cerebralis - Rival</i>	CAUSE OF DEATH (A) <i>Hypertension Cerebralis - Rival</i> DUE TO (B) <i>Cerebral Sclerosis</i> DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>unknown</i> <i>unknown</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan 15, 1951*, to *Aug 22, 1951*, that I last saw the deceased alive on *Aug 22, 1951*, and that death occurred at *7 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE *Ben Harris* M.D. 23B. ADDRESS *1202 N. Caroline St.* 23C. DATE SIGNED _____

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *Aug 26/51* 24C. NAME OF CEMETERY OR CREMATORY *Mt. Calvary Cem.* 24D. LOCATION (City, town, or county) (State) *A.A. County Md.*

DATE RECEIVED BY LOCAL REGISTRAR _____ REGISTRAR'S SIGNATURE *Wilmington Williams, Jr.* 25. FUNERAL DIRECTOR *Mrs. Galt G. Ellis & Daughter* ADDRESS _____

3"

WALLEY

OVER

2010

51 7433

250

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 7433

1. NAME OF DECEASED (Type or Print) <i>James Jackson</i>			2. DATE OF DEATH <i>August 23, 1951</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>Burg 1st 28</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <i>md.</i> b. COUNTY <i>8-07</i>		
b. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Johns Hopkins Hospital</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore			d. STREET ADDRESS (If rural, give location) <i>1640 Ellsworth St.</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>7-16-76</i>	9. AGE (In years last birthday) <i>75</i>	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Laborer</i>			11. BIRTHPLACE (State or foreign country) <i>Crooke Va</i>		
10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>Unknown</i>			14. MOTHER'S MAIDEN NAME <i>Rachel</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO.		
			17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>561.0</i>	CAUSE OF DEATH (A) <i>Intestinal obstruction</i> DUE TO (B) <i>Strangulated Inguinal Hernia</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i> <i>5 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

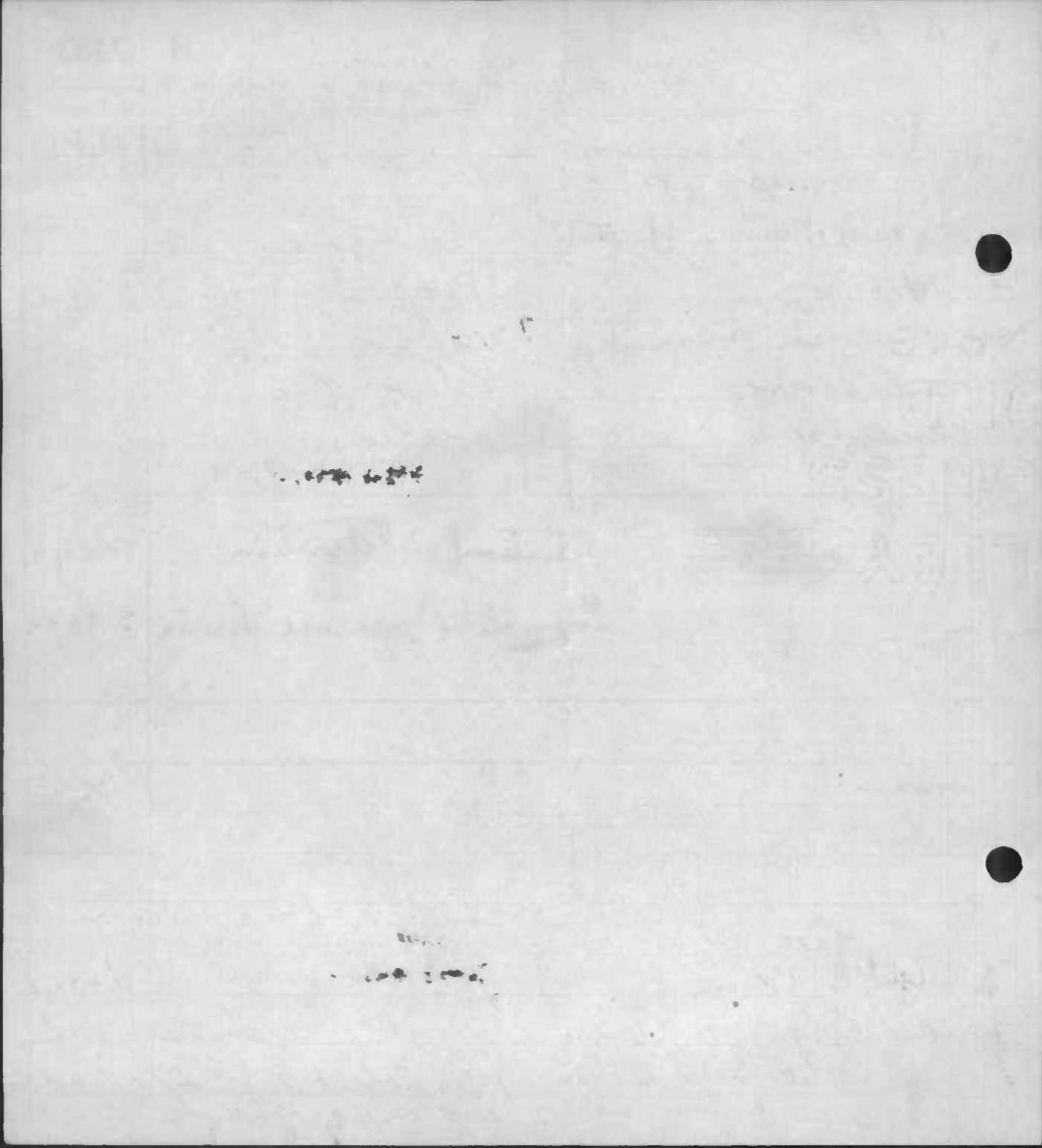
19a. DATE OF OPERATION <i>none</i>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *8-23*, 19*51*, to *8-23*, 19*51*, that I last saw the deceased alive on *8-23*, 19*51*, and that death occurred at *1030* m. from the causes and on the date stated above.

23a. SIGNATURE <i>Dwight C. McLean</i>	23b. ADDRESS <i>JOHNS HOSPITAL</i>	23c. DATE SIGNED <i>8-24-51</i>
---	---------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>Aug 27/51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Arbutus mem Park</i>	24d. LOCATION (City, town, or county) (State) <i>Arbutus Md</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 26 1951</i>	REGISTRAR'S SIGNATURE <i>William Williams, Jr.</i>	25. FUNERAL DIRECTOR <i>Mrs Robert A. Elliott & Daughter</i>	ADDRESS <i>1129 N. Caroline St. 122a</i>
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620 51 7434

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 7434

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs Theresa Sowers

2. DATE
OF
DEATH

8-25-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

ST. Agnes Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

D. STREET ADDRESS (If rural, give location)

46. Carlisle st.

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 26, 1902

9. AGE (In years
last birthday)

49

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Lahore

10B. KIND OF BUSINESS OR
INDUSTRYHampden
Cottage Co.

11. BIRTHPLACE (State or foreign country)

Dundee, Scotland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Joseph Mc Away

14. MOTHER'S MAIDEN NAME

Margaret Mc Guire

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mr. Elmore Sowers, 416 Carlisle St. Hanover, Pa.

18. 430.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Multiple infected emboli
in lungs, brain, spleen, kidneys

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/3, 1951, to 8/25, 1951, that I last saw the
deceased alive on 8/25, 1951, and that death occurred at 8:50 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Harry L. King

M. D.

23B. ADDRESS

St. Agnes Hosp.

23C. DATE SIGNED

8/26/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8/28/51

24C. NAME OF CEMETERY OR CREMATORY

West Haven Cem York Co - Hanover, Pa.

24D. LOCATION (City, town or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

Burial

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Pickens & Sons, Balt. Md.

ADDRESS

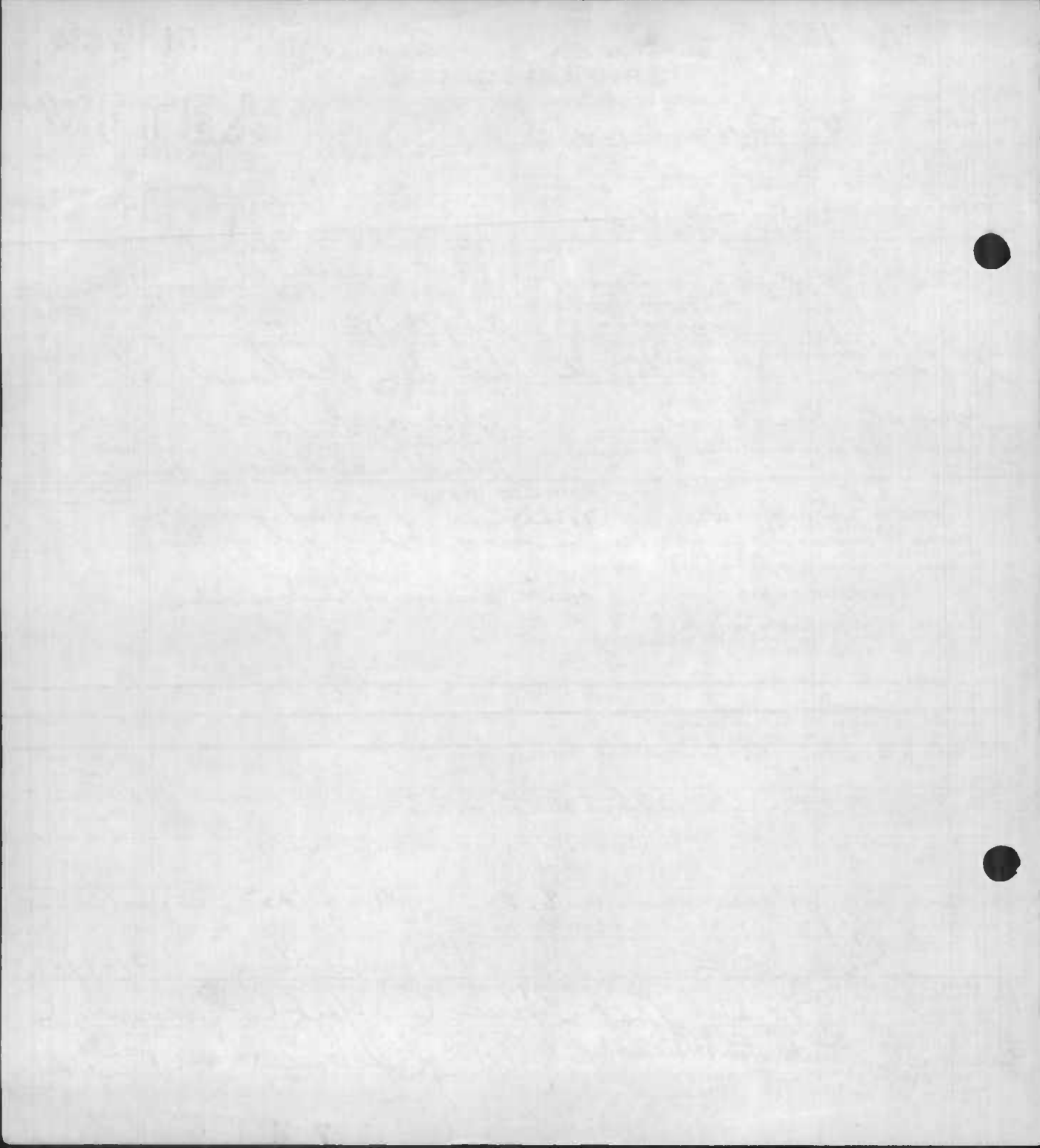
AUG 26 1951

970520

2410

91a

MEDICAL CERTIFICATION



51 7435

51 7435

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN THOMAS HARRIS

2. DATE
OF
DEATH

AUG. 24 - 51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2308 CHELSEA TER.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE 15-09

C. Length of stay in Baltimore

15 YRS

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2308 CHELSEA TERRACE

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

SEPT. 29, 1877

9. AGE (in years,
last birthday)

73

10. Under 1 Year
Months: Days

11

11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

PRINTER

10B. KIND OF BUSINESS OR
INDUSTRY

U.S. GOV.

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

MAJOR GILBERT

14. MOTHER'S MAIDEN NAME

MARGARET E WALKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

LYDIA GRACE HARRIS 2308 CHELSEA TER

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-7-51, 1946 to 4/24, 1951, that I last saw the
deceased alive on 19, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. MacLean M.D.

23B. ADDRESS

3901 Garrison Rd, Baltimore, Md.

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

AUG. 27 - 51

BALTIMORE CEMETERY

BALTIMORE MARYLAND

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Tunington Williams, M.D. 6400 North Annapolis, Gwynn Oak Ave

AUG 27 1951

VS 150

573 810 7420 97

MEDICAL CERTIFICATION

10-4-04

2337-2340-2343

10-4-04 2337-2340-2343

10-4-04

10-4-04 2337-2340-2343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Mr. Edward Otto Wegner</u>			2. DATE OF DEATH <u>Aug. 24, 1951</u>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
b. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>27-03</u>		
c. Length of stay in Baltimore			d. STREET ADDRESS (If rural, give location) <u>5009 Arabia Avenue</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11/12/79</u>	9. AGE (In years last birthday) <u>71</u>	10. Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed -</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Elec. Eng.</u>		
11. BIRTHPLACE (State or foreign country) <u>Baltimore, Maryland</u>			12. CITIZEN OF WHAT COUNTRY? <u>✓</u>		
13. FATHER'S NAME <u>Julius F. Wegner</u>			14. MOTHER'S MAIDEN NAME <u>Mary Eigenbrodt</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>612-22-9194</u>		
17. INFORMANT <u>MRS Matilda Wegner-5009 Arabia</u>			ADDRESS		

18. <u>177X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>BRONCHO PNEUMONIA</u> Intestinal obstruction invaded rectum DUE TO (A) <u>BRONCHO PNEUMONIA</u> (B) <u>CARCINOMATOSIS</u> of prostate Metastasis to bones, liver, spleen (C) <u>severe secondary anemia</u>	INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>2 wks</u> <u>symptoms</u> <u>6 mos *</u> <u>4 mos.</u> <u>6 mos.</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19a. DATE OF OPERATION <u>Aug. 9, 1951</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO
21a. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>8/7/</u> , 19 <u>51</u> to <u>8/24/</u> , 19 <u>51</u> that I last saw the deceased alive on <u>8/24/</u> , 19 <u>51</u> and that death occurred at <u>4:25 PM</u> , from the causes and on the date stated above.		
23a. SIGNATURE <u>Edward M. Rakok, M.D.</u>	23b. ADDRESS <u>1100 N. Caroline Street</u>	23c. DATE SIGNED <u>8/24/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-27-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Landon Park.</u>
24d. LOCATION (City, town, or county) (State) <u>BalTo Md</u>	25. FUNERAL DIRECTOR <u>L. J. Ruck</u>	ADDRESS <u>5305 Hartford</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>AUG 27 1951</u>	REGISTRAR'S SIGNATURE <u>Wmington Williams, Jr.</u>	

See Document File 51-7436
1/31/52 ES

155 51 7437

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7437
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Andrew N. Hoffman

SR.

2. DATE
OF DEATH

Aug 25, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Maryland General Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

9-01

D. STREET ADDRESS (If rural, give location)

3907 Ednor Rd. #18

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

Wh.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

Dec. 29, 1873

9. AGE (In years
last birthday)

77

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cunning Mfg.

10B. KIND OF BUSINESS OR INDUSTRY

owner

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John P. Hoffman

14. MOTHER'S MAIDEN NAME

Mary Busch

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS Ednor

Mrs. Annie E. Hoffman 3907

18. 443X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive + Arteriosclerotic

DUE TO Cardiac vascular disease.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/18, 1951, to 8/25, 1951, that I last saw the deceased alive on 8/21, 1951, and that death occurred at 1:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

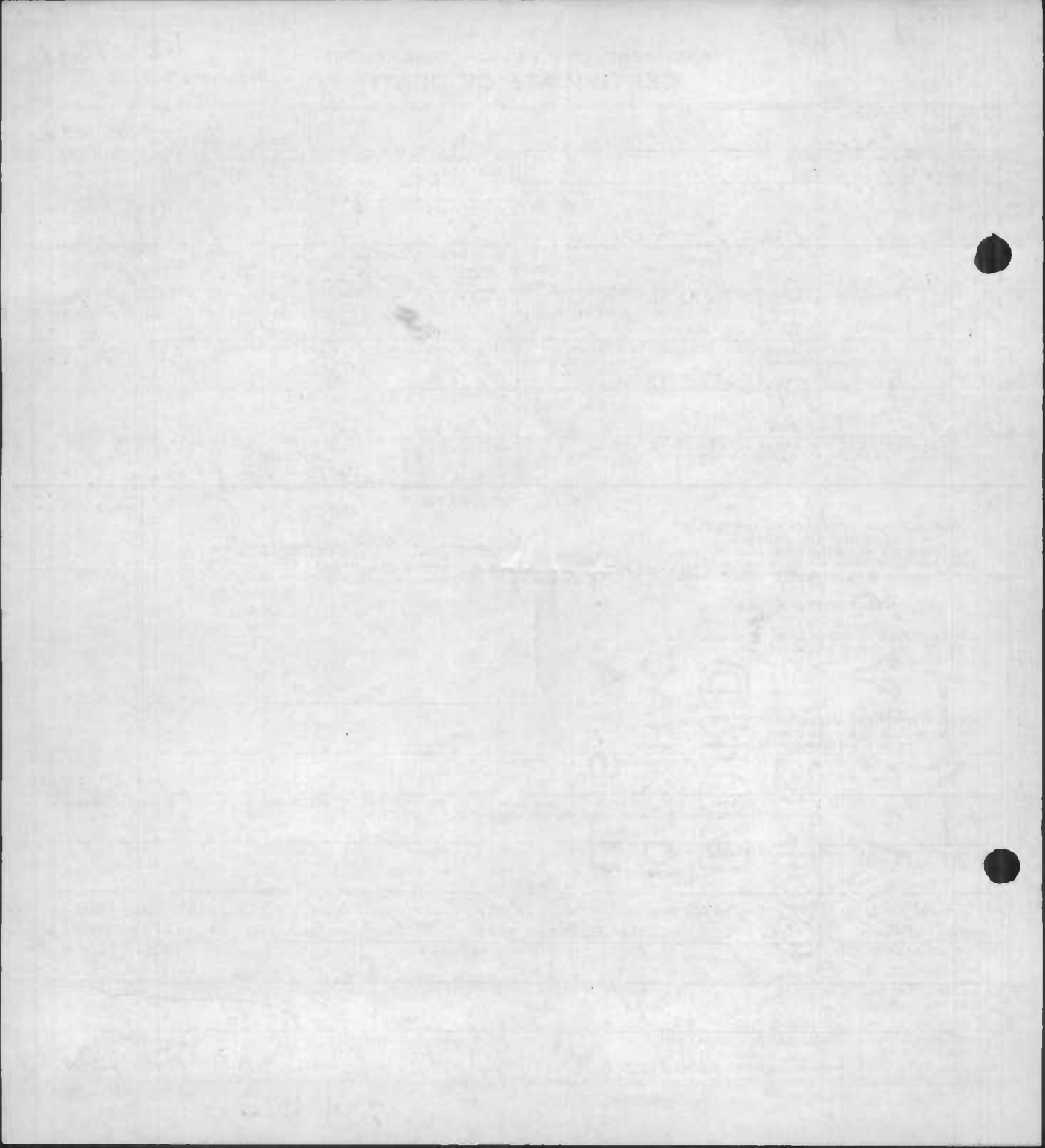
25. FUNERAL DIRECTOR

ADDRESS

VS 150

51000742293D

MEDICAL CERTIFICATION



51 7438

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7438

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday)

If Under 1 Year

If Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1949, 19 to Aug 25, 1951, that I last saw the deceased alive on Aug 24, 1951, and that death occurred at 2 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Dr. English

BIRTH NO

51. 04540

1. NAME OF DECEASED
(Type or Print)

BATTLE, CLEMENTINE

2. DATE OF DEATH

8-22-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

University Hospital

Baltimore

22-02

406 W Conway St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Baltimore Ct.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday)

II Under 1 Year

III Under 24 Hours

F

C

S

3

7

Months

Days

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

infant

Baths

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

unknown

Lellie Mae Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

no

Clean Battle

406 W Conway St

18. 753.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Diarrhoea & acidosis -

DUE TO

15 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) malnutrition (anemia)

DUE TO

(C) Partial Cerebral agenesis

with birth

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES

NO

21A. ACCIDENT WAS UNDER- Lying OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK

NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from 8-13-51, 19, to 8-22-51, 19, that I last saw the deceased alive on 8/22/51, and that death occurred at 9:55 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Henry D Perry Jr.

University Hospital

8-22-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Aug 27.51

Int Calvary

AA Co. Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

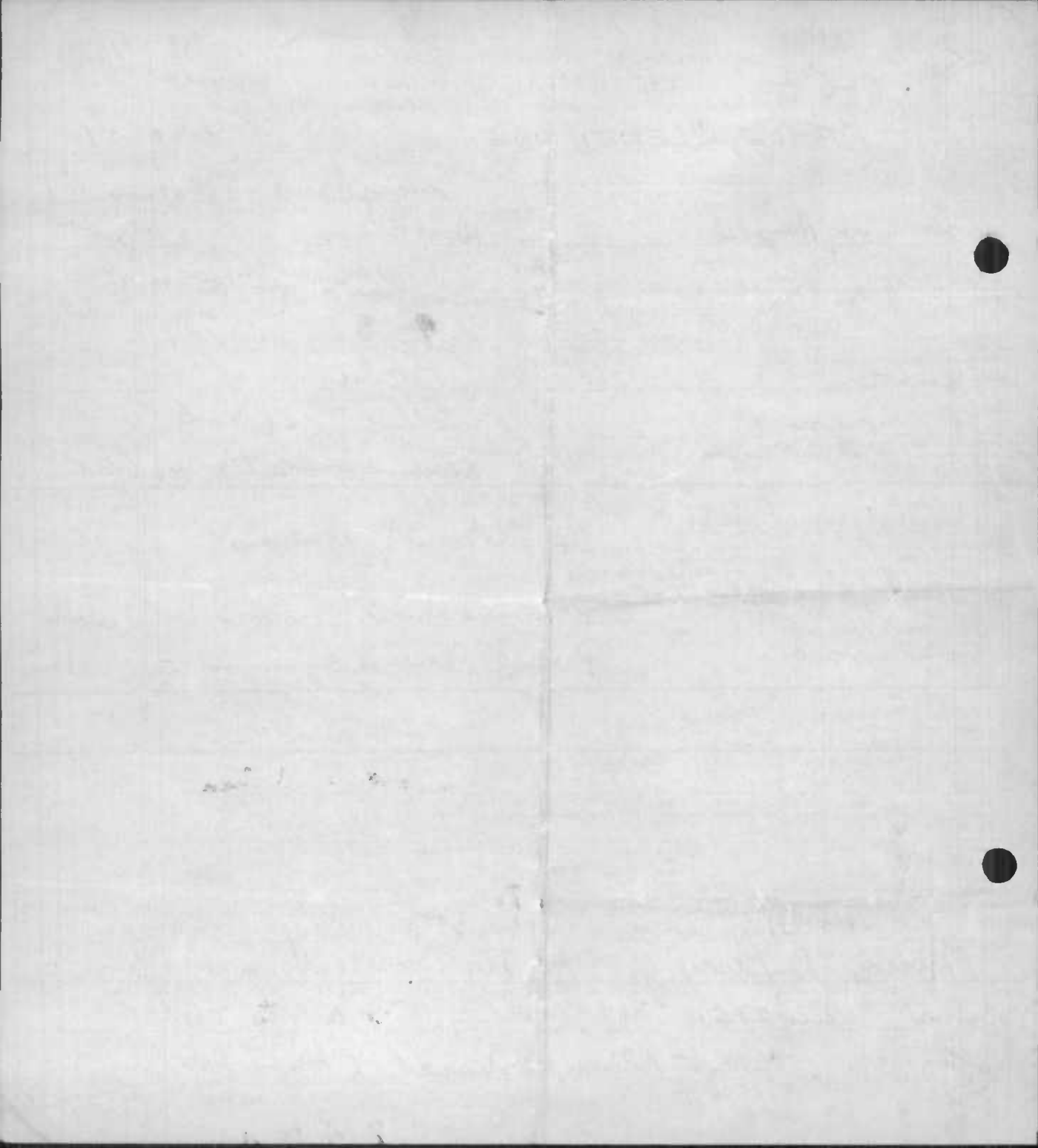
ADDRESS

AUG 27 1951

William H. Williams, Jr.

Isaac L. Brown Son

108W Monty onary St



650

51 7440

CERTIFICATE CORRECTED 9/11/51
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7440
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Helen Brown</i>		2. DATE OF DEATH <i>August 23, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Johns Hopkins Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 16-02</i>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1312 W. Sabanette Ave.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>4-4-98</i>
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Leone Williams</i>		14. MOTHER'S MAIDEN NAME <i>Sara Ross</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>176 X I MELANO Sarcoma of</i>	CAUSE OF DEATH (A) <i>undetermined type</i>	INTERVAL BETWEEN ONSET AND DEATH <i>At least 3 year (over)</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
	(C) DUE TO	

II History of removal of malignant melanoma from rt labium 30 years previously (autopsy in part)

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *8-6*, 1951, to *8-23*, 1951, that I last saw the deceased alive on *8-23*, 1951, and that death occurred at *7:20* p.m., from the causes and on the date stated above.

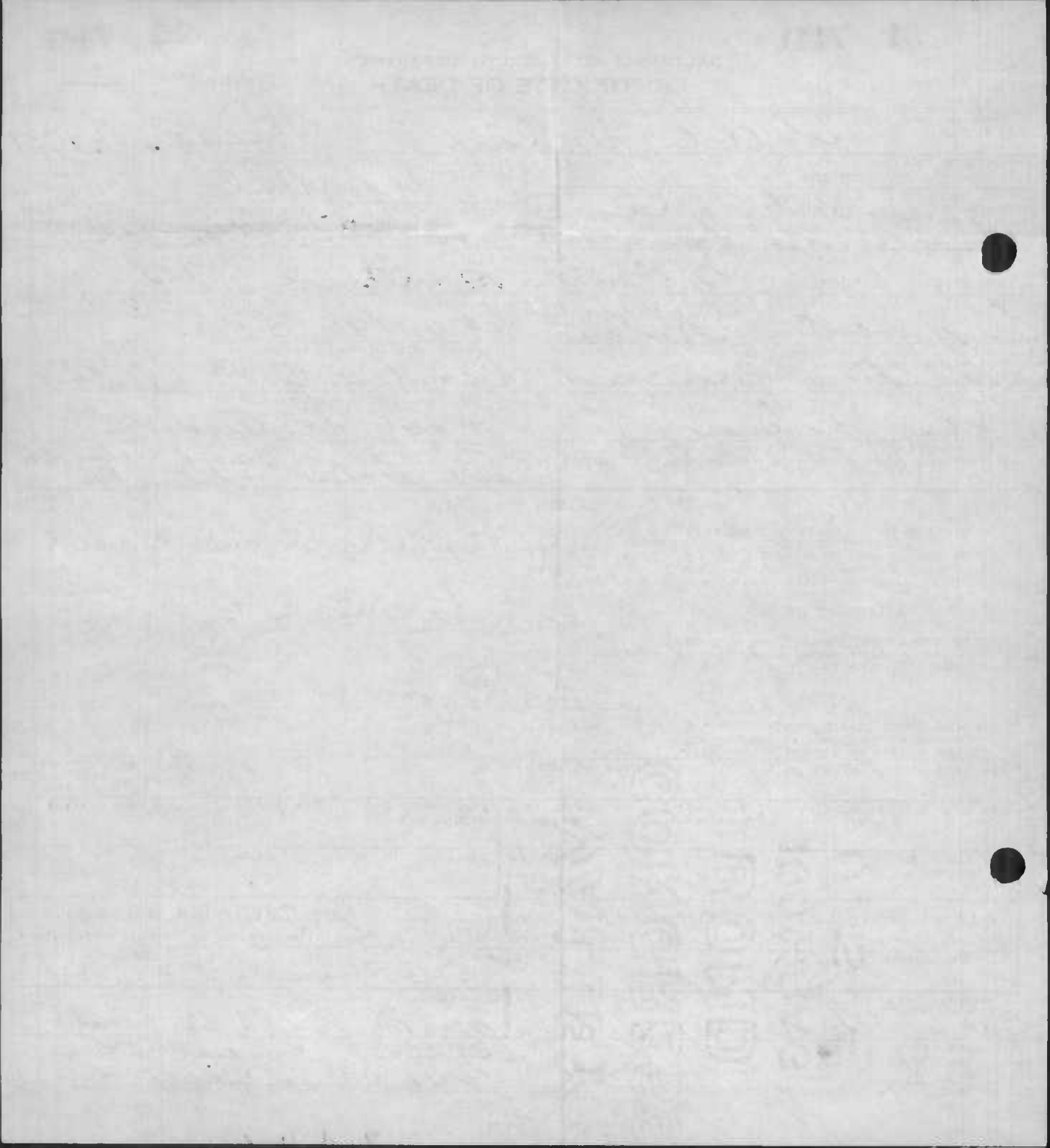
23A. SIGNATURE <i>Thomas Franklin Williams</i>	23B. ADDRESS <i>Johns Hopkins Hosp.</i>	23C. DATE SIGNED <i>8/24/51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Aug. 27, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Lukes</i>
	24D. LOCATION (City, town, or county) <i>Reisterstown, Md.</i>	25. FUNERAL DIRECTOR <i>Wallace Funeral Home</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 27 1951</i>	REGISTRAR'S SIGNATURE <i>William Williams, Jr.</i>	ADDRESS <i>1651 Druid Hill Ave.</i>

VS 150

1007425 49D

MEDICAL CERTIFICATION

See Document File 51-7/40
Complete Autopsy Report
9/11/51 BS



655-51 7442

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7442
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mrs SARAH BRENNAN		2. DATE OF DEATH 24 August 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) LUTHERAN Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18-03	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 843 HOLLINS Street	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 16 March 1880
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years last birthday) 71 If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) Balto. Md		12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME William M Coubray		14. MOTHER'S MAIDEN NAME Barbara Werb	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT Records		ADDRESS Lutheran Hospital, Md	

18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral vascular accident. DUE TO	CAUSE OF DEATH Cerebral vascular accident.	INTERVAL BETWEEN ONSET AND DEATH 18 days.
19. II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardiovascular disease. DUE TO	CAUSE OF DEATH Hypertensive Cardiovascular disease.	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

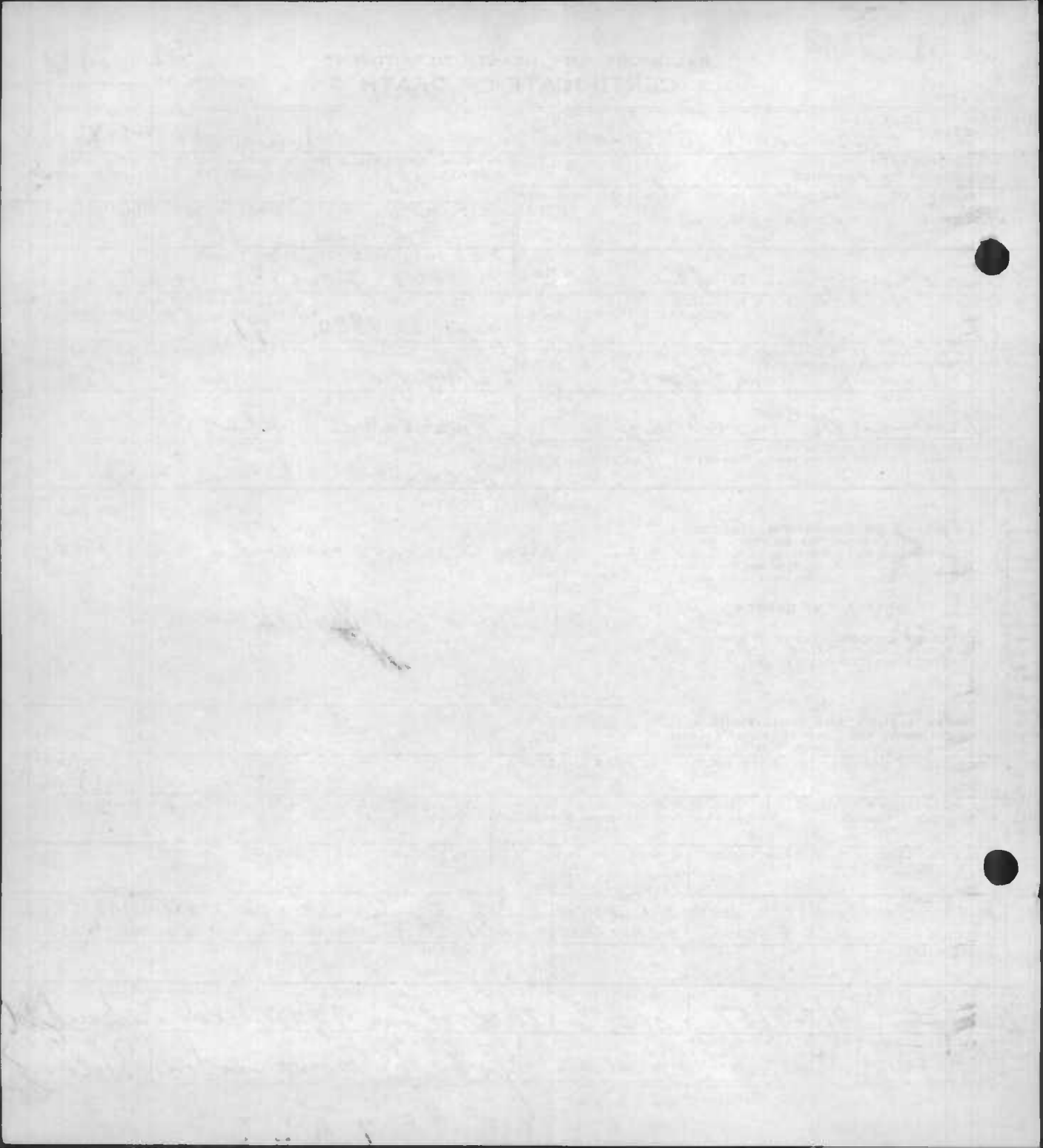
22. I hereby certify that I attended the deceased from **6 August, 1951**, to **24 August, 1951**, that I last saw the deceased alive on **24 August, 1951**, and that death occurred at **10:55 Am.**, from the causes and on the date stated above.

23A. SIGNATURE William F. Hunter	M. D.	23B. ADDRESS Lutheran Hospital	23C. DATE SIGNED 24 August '51
--	-------	--	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8/27/57	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Ln.	24D. LOCATION (City, town, or county) (State) 4300 Old Frederick St. Baltimore, Md
--	-----------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR AUG 27 1951	REGISTRAR'S SIGNATURE William F. Hunter	25. FUNERAL DIRECTOR John F. Cowan & Son	ADDRESS Hollins St.
--	---	--	-------------------------------

MEDICAL CERTIFICATION



51 7443

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7443

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANCES

RENE

2. DATE
OF
DEATH

August 25, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

126 S. Carey Street

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

5/22/1918

9. AGE (In years
last birthday)

33

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tabulator

10B. KIND OF BUSINESS OR
INDUSTRY

F.B. Machine Co

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Harvey Hicks

TAB. MACHINE

14. MOTHER'S MAIDEN NAME

Lola Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs Mary Lloyd Lemmon

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

Skull fracture

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) Crushed chest

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

Frederick Avenue & North Bend Road

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Aug. 25, 1951 2:00 A. m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Passenger in auto which struck streetcar

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER

23C. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER

August 25, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

8/29/51

New Cathedral Cgn.

4300 Old Frederick Rd.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 27 1951

Huntington Williams, M.D.

John J. Cowan & Son, Hollins St.

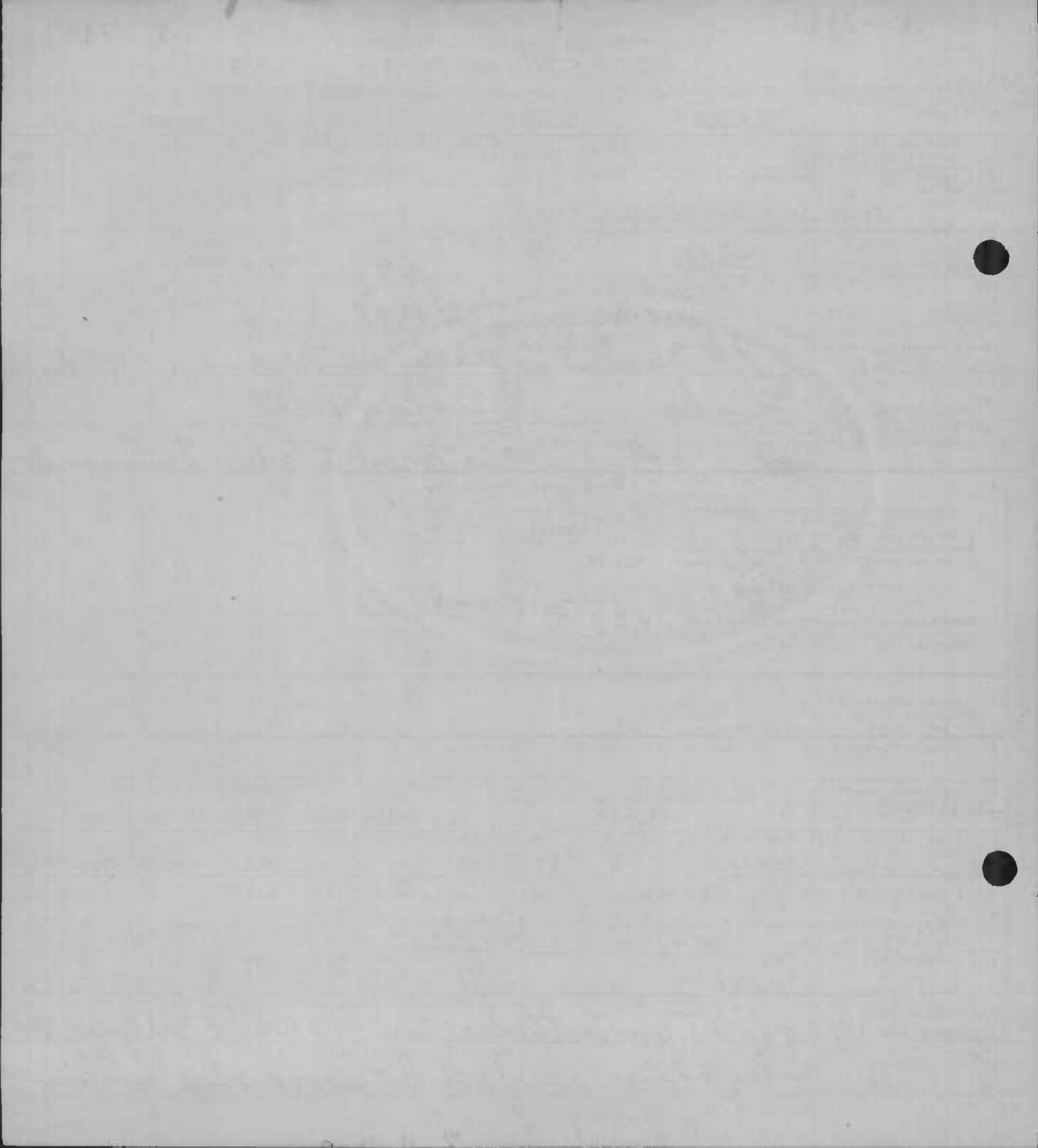
VS 151

N-804.2

340 3K

170 B ✓

MEDICAL CERTIFICATION



51 7444

51 7444

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ARTHUR E. HERSHEY

2. DATE
OF
DEATH

August 25-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

MARYLAND GENERAL HOSPITAL

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Divorced

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-18

D. STREET ADDRESS (If rural, give location)

4032 Lewiston Ave

8. DATE OF BIRTH

Sept 12, 1880

9. AGE (In years last birthday)

70

11 Under 1 Year Months: Days

12 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Dairy Worker

10B. KIND OF BUSINESS OR INDUSTRY

Dairy

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry L. Hershey (m)

14. MOTHER'S MAIDEN NAME

Barbara McBride (McBride?)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Yes

16. SOCIAL SECURITY NO.

Patient

17. INFORMANT

Patient

ADDRESS

18.

560.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Pulmonary Embolus

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

8/13/51

19B. MAJOR FINDINGS OF OPERATION

RT. inguinal Hernia repair

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (In Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/12, 1951, to 8/25, 1951 that I last saw the deceased alive on 8/25/51, and that death occurred at 10:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Lolule Baklan

M. D.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

8/25/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

8/29/51

24C. NAME OF CEMETERY OR CREMATORY

Woodland Park

24D. LOCATION (City, town, or county)

Parkerville Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

AUG 27 1951

REGISTRAR'S SIGNATURE

L. Williams

25. FUNERAL DIRECTOR

Wm Cook Inc. 1217 St. Paul St.

ADDRESS

MEDICAL CERTIFICATION

56904/07420

122a

51 7445

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7445

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES G. SORRENTINO

2. DATE
OF
DEATH

Aug. 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2201 Aiken St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Apr. 28, 1884

9. AGE (In years
last birthday)

67

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Plasterer, retired

10B. KIND OF BUSINESS OR
INDUSTRY

Buildings

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Pasquale Sorrentino

14. MOTHER'S MAIDEN NAME

Marie Grace Carlance

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

212-07-1397A

17. INFORMANT

ADDRESS

Pasquale Sorrentino, 3408 Woodstock Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Thrombosis

2 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Arteriosclerotic Cardio Vascular Disease & Hypertension

22-May
1947

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22-May, 1947, to 24-Aug, 1951, that I last saw the
deceased alive on 24-Aug, 1951, and that death occurred at 9:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

(State)

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Burial

8/28/51

Holy Redeemer

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

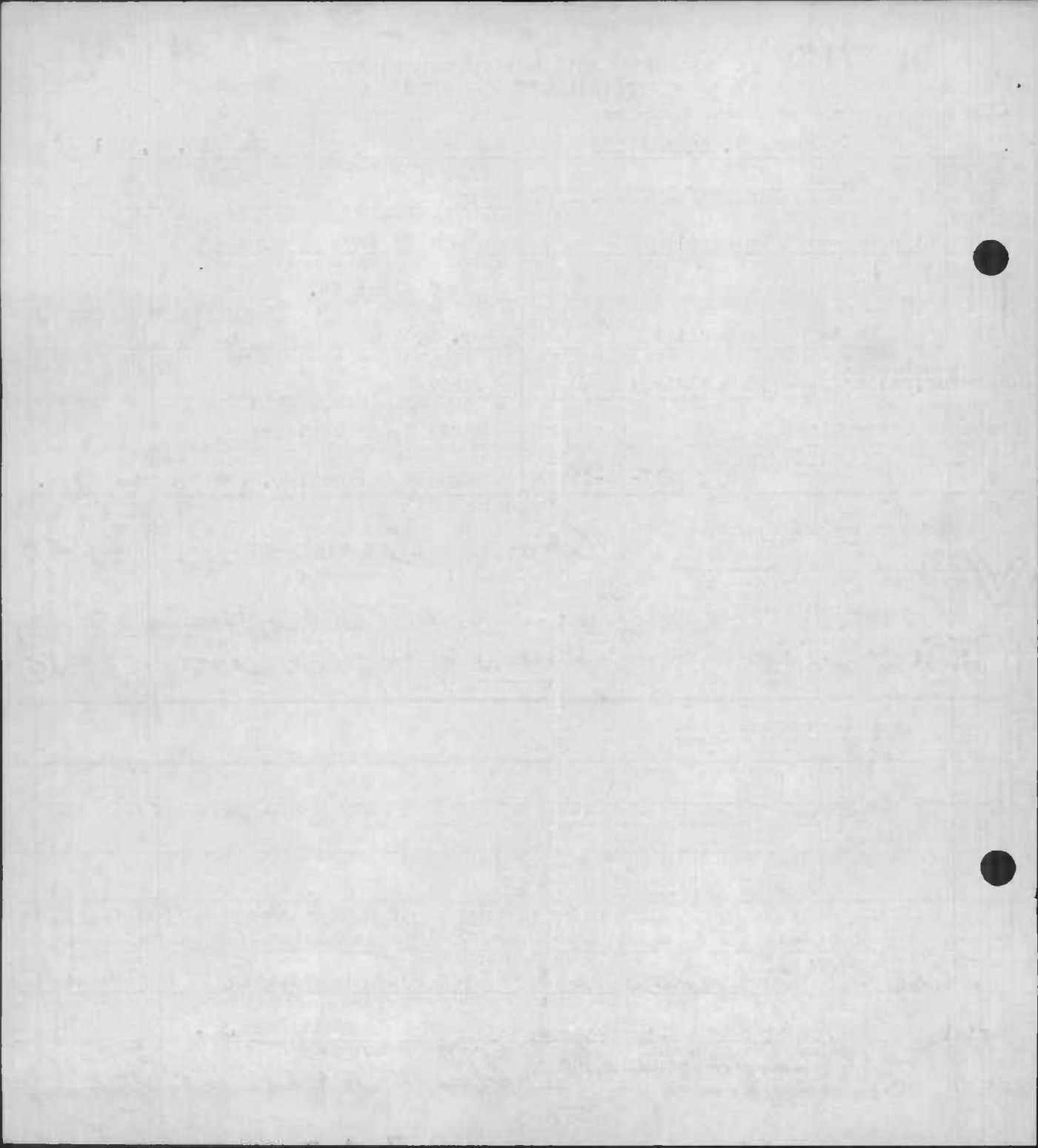
AUG 27 1951

VS 150

57324

93D

MEDICAL CERTIFICATION



AB-151302

51 7446

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 7446

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bertha Crosley

2. DATE
OF
DEATH

8-24-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hospitals

4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

10-02

D. STREET ADDRESS (If rural, give location)

1227 Ashland Ave.

C. Length of stay in Baltimore

46 yrs.

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 15 - 1888

9. AGE (In years
last birthday)

63

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Hunley

14. MOTHER'S MAIDEN NAME

Maria Chapman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT: Baltimore City Hospitals
Records: 4940 Eastern Ave. ✓

18. 002X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, apoplexy, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Tuberculosis far advanced

over 6 mos.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic Heart Disease

over 1 yr.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-14-1951, to 8-24-1951 that I last saw the
deceased alive on 1951, and that death occurred at 9.30 Pm., from the causes and on the date stated above.

23A. SIGNATURE

W. H. Rogers

M. D.

23B. ADDRESS

4940 Eastern Ave. Balto. Md.

23C. DATE SIGNED

8-25-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

F. W. Williams

ADDRESS

Wilmington, Delaware

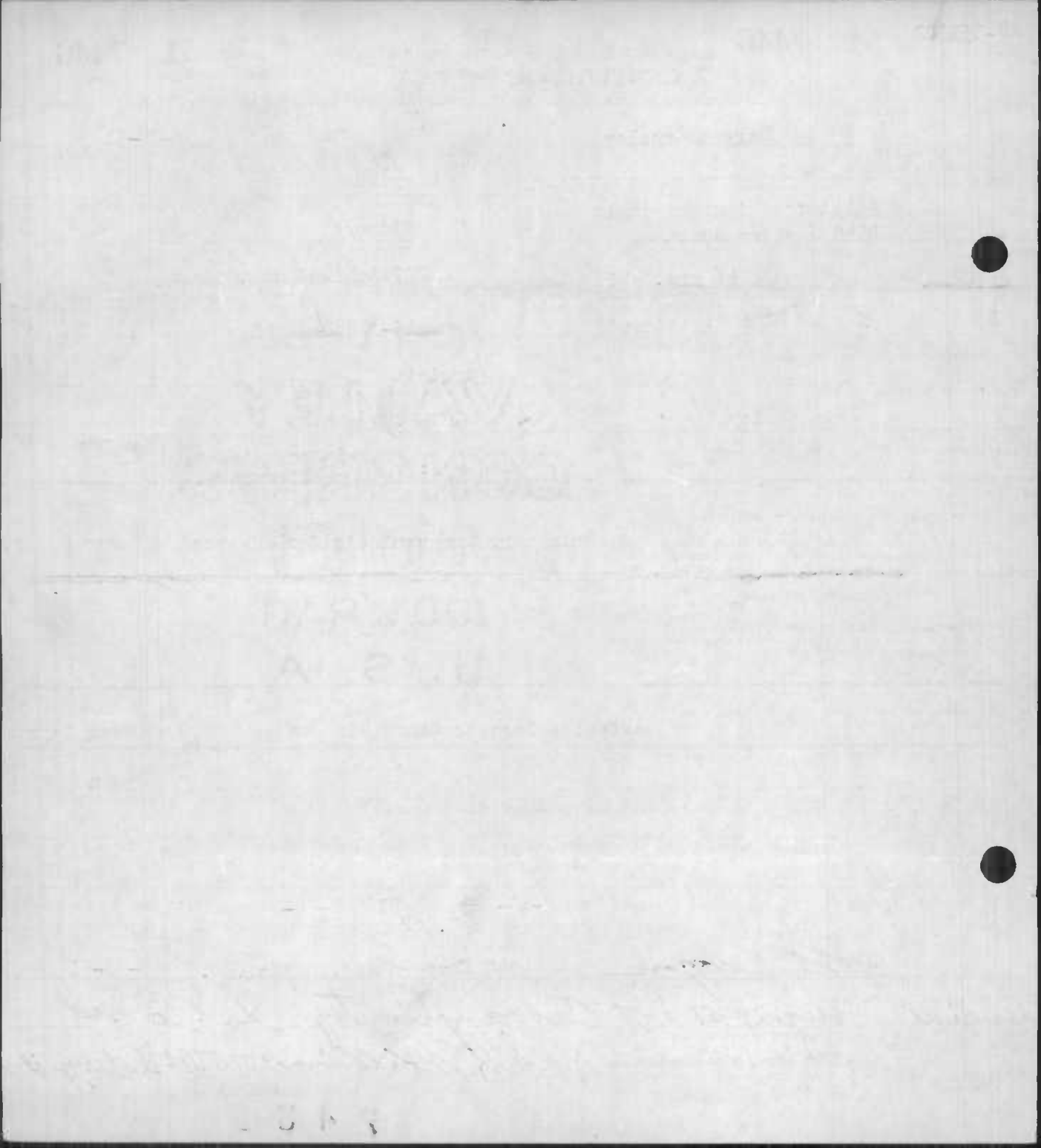
1575 McAdams St

AUG 27 1951

1951 0007431

1213

MEDICAL CERTIFICATION



516 51 7447

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7447

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE H. DAMPIER

2. DATE
OF
DEATH

Aug 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

HAL-5

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, 10 institutions' residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

Rock Creek

D. STREET ADDRESS (If rural, give location)

6500

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

7-8-58

9. AGE (In years last birthday)

93

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Jewelry

13. FATHER'S NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma of the colon

2 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

Carcinoma of the colon
Obstructive jaundice

2 wk.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

6.8.51

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of colon & perforation & metastases

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6-7-1951, to 8-23-1951, that I last saw the deceased alive on 8-23-1951, and that death occurred at 3:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Theophil W. Brown

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

8.23.51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

8/27/51

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park

24D. LOCATION (City, town, or county) (State)

Baltimore - Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS

Carl B. Wharton Funeral Home

20th Nov 1944

21st Nov 1944

22nd Nov 1944

23rd Nov 1944

425 51 7448

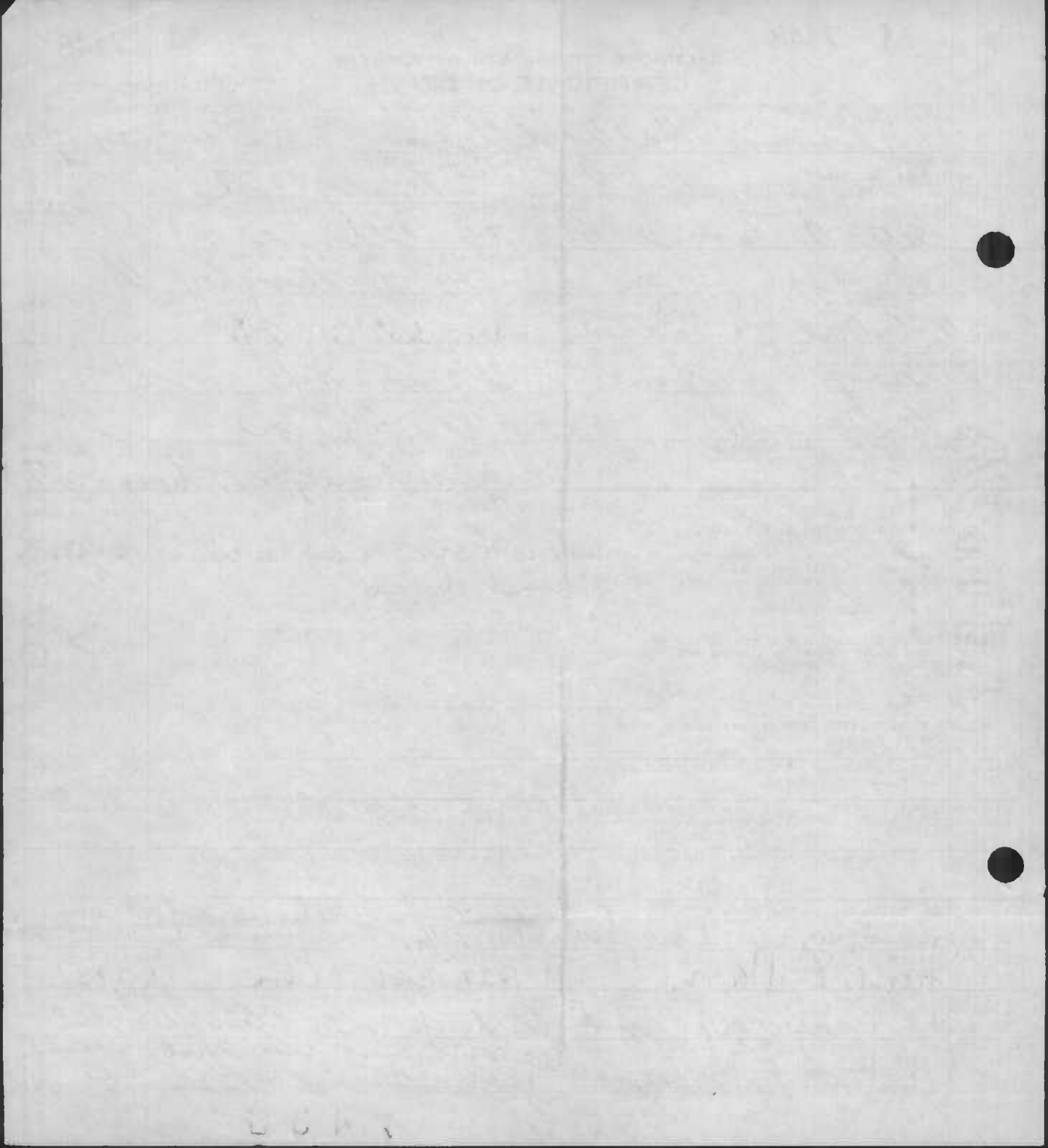
51 7448

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.				1. NAME OF DECEASED (Type or Print) <i>Emma Halley Ellison</i>				2. DATE OF DEATH <i>Aug. 24, 1951</i>							
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>14-02</i>											
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>517 St. Mosher St.</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore</i>											
C. Length of stay in Baltimore <i>21 yrs.</i>				D. STREET ADDRESS (If rural, give location) <i>517 St. Mosher St.</i>											
5. SEX <i>Female</i>		6. COLOR OR RACE <i>Colored</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>		8. DATE OF BIRTH <i>Sept. 6, 1879</i>		9. AGE (In years last birthday) <i>72</i>		10. Under 1 Year Months: Days		11. Under 24 Hours Hours: Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>				10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>				11. BIRTHPLACE (State or foreign country) <i>Srms. S.C.</i>				12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			
13. FATHER'S NAME <i>Unknown</i>				14. MOTHER'S MAIDEN NAME <i>Unknown</i>											
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.				17. INFORMANT <i>Eugene Frazier</i>				ADDRESS <i>517 Mosher St.</i>			
18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>arteriosclerotic cardiovascular disease</i> DUE TO <i>renal disease</i> (B) _____ DUE TO _____ (C) _____ INTERVAL BETWEEN ONSET AND DEATH <i>6 yrs.</i>				19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)				21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)							
21D. TIME (Month) (Day) (Year) (Hour) INJURY				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> m.				21F. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <i>1939</i> , 19__, to <i>24 Aug</i> , 1951, that I last saw the deceased alive on <i>24 Aug</i> , 1951, and that death occurred at <i>2:30</i> p.m., from the causes and on the date stated above.				23A. SIGNATURE <i>James D. Davis</i>				23B. ADDRESS <i>1427 Madison Ave.</i>				23C. DATE SIGNED <i>8-27-51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>				24B. DATE <i>Aug. 27, 1951</i>				24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn</i>				24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 27 1951</i>				REGISTRAR'S SIGNATURE <i>William M. Williams</i>				25. FUNERAL DIRECTOR <i>Frederick Funeral Home</i>				ADDRESS <i>163 Druid Hill Ave.</i>			

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7449
Registered No. _____

160
100
51 7449
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) FRANK HOOPER (or) HOPPE			2. DATE OF DEATH AUG 21, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland OSL-6			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MARYLAND B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write official and give township) BALTIMORE 3-01		
c. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 1505 E. BALTIMORE ST.		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 9-29-89		9. AGE (In years last birth day) 61
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANITOR		10B. KIND OF BUSINESS OR INDUSTRY JOSEPH TAYLOR ROOMING HOUSE	11. BIRTHPLACE (State or foreign country) BALTIMORE MD		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph Hoppe			14. MOTHER'S MAIDEN NAME Anna Pede		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES WORLD WAR I			16. SOCIAL SECURITY NO.		17. INFORMANT JOHNS HOPKINS HOSPITAL ADDRESS _____

18. 422.1	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	(A) pulmonary embolism, left phlebotrombosis left leg		1/2 minute
ANTECEDENT CAUSES	(B) pulm. infarct RLL		5 weeks
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) arterio-sclerotic cardiovascular disease		4 1/2 weeks
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		complete heart failure	6 months

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **8-5-1951** to **8-22-1951**, that I last saw the deceased alive on **8-21-1951**, and that death occurred at **1:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE Richard Johns	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 25 Aug 51
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE AUG 27 1951	24C. NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL
DATE RECEIVED BY LOCAL REGISTRAR AUG 27 1951	REGISTRAR'S SIGNATURE Stoughton Williams Jr	24D. LOCATION (City, town, or county) (State) FREDERICK RD MD.
25. FUNERAL DIRECTOR Duffel Bros		ADDRESS 1800 E LOMBARD ST.

243 51 7450 49-24729 BALTIMORE CITY HEALTH DEPARTMENT
 51 7450
 BIRTH NO. 49-24729
 CERTIFICATE OF DEATH
 Registered No. _____

1. NAME OF DECEASED (Type or Print) DE SHIELDS Linda R. 2. DATE OF DEATH Aug. 24, 51

3. PLACE OF DEATH:
 A. Baltimore City, Maryland Baltimore
 B. FULL NAME OF (If not in hospital or institution, give street address or location)
University Hospital
 C. LENGTH OF STAY IN BALTIMORE 22 (Life) Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 A. STATE Baltimore B. COUNTY MD
 C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE, MD 4-02
 D. STREET ADDRESS (If rural, give location)
305 Myrtle Ave.

5. SEX Female 6. COLOR OR RACE Colored 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Infant 8. DATE OF BIRTH Sept 23, 1949 9. AGE (In years last birthday) 22 mos
 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
INFANT 10b. KIND OF BUSINESS OR INDUSTRY INFANT 11. BIRTHPLACE (State or foreign country)
BALTIMORE 12. CITIZEN OF WHAT COUNTRY?
US.

13. FATHER'S NAME DANIEL DE SHIELDS 14. MOTHER'S MAIDEN NAME ROSALIE WETKINS ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT ADDRESS
FATHER - 305 MYRTLE AVE.

18. E885.0 CAUSE OF DEATH
 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)
Lead Encephalopathy (A) 10 days
 ANTECEDENT CAUSES (B) —
 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) —

CERTIFICATION APPROVED BY
R. B. Fisher M.D.
 CHIEF OR ASST. MEDICAL EXAMINER.

II
 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
—

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Home 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
305 Myrtle Ave. 42
 21d. TIME (Month) (Day) (Year) (Hour) INJURY
March, 1951 m. 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ 21f. HOW DID INJURY OCCUR?
Get plaster & paint off walls

22. I hereby certify that I attended the deceased from Aug 21, 1951, to Aug 24, 1951, that I last saw the deceased alive on Aug 25, 1951, and that death occurred at 4:40 A.M., from the causes and on the date stated above.

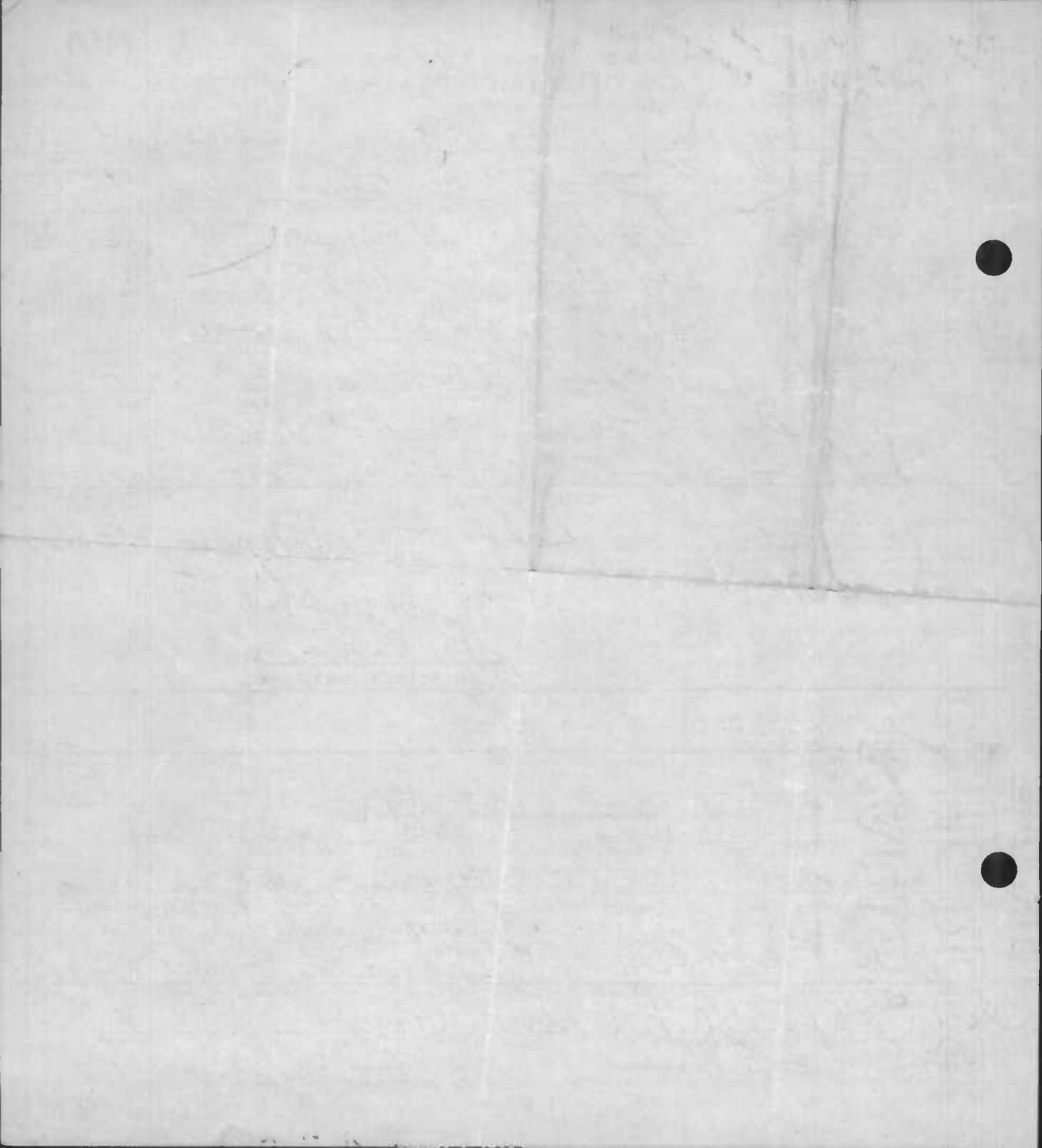
23a. SIGNATURE M-E. Matthews M.O. 23b. ADDRESS University Hospital 23c. DATE SIGNED Aug 24, 51

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial 24b. DATE 8/28/51 24c. NAME OF CEMETERY OR CREMATORY Mt Auburn 24d. LOCATION (City, town, or county) (State)
Baltimore, MD

DATE RECEIVED BY LOCAL REGISTRAR AUG 27 1951 REGISTRAR'S SIGNATURE Huntington Williams, MD 25. FUNERAL DIRECTOR ADDRESS
A. Halsehead 718

VS 150
 N-966.5 19510202438 Pruna Hill an.

MEDICAL CERTIFICATION



620
51 7451

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7451
Registered No.

1. NAME OF DECEASED
(Type or Print)

Helen Evelyn A Park

2. DATE OF DEATH

8/25/51

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hospital

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Female

white

divorced

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

Sect. Rtd.

Tasty Box Lunch

13. FATHER'S NAME

August Buttner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
216-29-0922

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2303 Harlem Ave.

8. DATE OF BIRTH

Oct. 7, 1906

9. AGE (In years last birthday)

44

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Caroline Freitag

17. INFORMANT

ADDRESS

Mr. Ridgely Park - 2511 Harlem Ave.

18. 420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Dissecting Aneurysm of Aorta

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

Sev. hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Atherosclerotic Heart Disease

DUE TO

Yrs

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Chronic Nephritis; Rheumatic Ht Disease

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Aug 25, 1951, to Aug 25, 1951, that I last saw the deceased alive on Aug 25, 1951, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE

Lois E. Kessel M. O.

23b. ADDRESS

Sinai Hospital

23c. DATE SIGNED

8/25

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

8/28/51

24c. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24d. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

Wm. J. Tichenor & Sons - Balto Md

ADDRESS

AUG 27 1951

1947

1946

RECEIVED

OFFICE

OF THE

SECRETARY

OF THE

NAVY

WASHINGTON

D.C.

1947

1946

1945

1944

1943

340
51 7452

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7452
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) HAZEL B. MODDLE		2. DATE OF DEATH 8/26/51	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore			
b. FULL NAME OF (If not in hospital or institution, give street address or location) MARYLAND GENERAL HOSP		c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 9-08			
c. Length of stay in Baltimore ?		d. STREET ADDRESS (If rural, give location) 2545 Greenmount Ave			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr 10 1895	9. AGE (In years, (b) Under 1 Year, (c) Under 24 Hours, (d) Under 1 Month, (e) Under 1 Day, (f) Under 1 Hour, (g) Under 1 Minute) 56	10. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hairdresser		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) New York	
13. FATHER'S NAME Frederick Gallienne		14. MOTHER'S MAIDEN NAME Leonida Sammis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO.		17. INFORMANT Patient	
18. 153X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Generalized Peritonitis		?	
DUE TO		(B) Perforation of solitary ulcer of cecum		?	
DUE TO		(C) Annular Carcinoma Transverse Colon		?	
ANTECEDENT CAUSES		DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CERTIFICATION APPROVED BY Dr. C. J. Lubinski			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
None		None			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/25 , 1951, to 8/26 , 1951, that I last saw the deceased alive on 8/26 , 1951, and that death occurred at 7:22 a.m., from the causes and on the date stated above.					
23a. SIGNATURE Lulu B. Baskin		23b. ADDRESS Maryland Gen. Hosp		23c. DATE SIGNED 8/26/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/28/51		24c. NAME OF CEMETERY OR CREMATORY Huntington Rural Cem.	
24d. LOCATION (City, town, or county) (State) Huntington, L. I., N.Y.		25. FUNERAL DIRECTOR Wm. J. Pickner & Sons - Balt Md		ADDRESS	

MEDICAL CERTIFICATION

AUG 27 1951
VS 150

75 1 07 40 8F

46E

Note:-

This certificate has to be
approved by the medical
examiner.

L. Bakhar M.D.

Mid. General Hospital

8/26/51

6135
7453

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7453
Registered No.

1. NAME OF DECEASED (Type or Print) LOUIS A. JORDAN				2. DATE OF DEATH 8/25/51			
3. PLACE OF DEATH: a. Baltimore City, Maryland 1863				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md. b. COUNTY 9-2 c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore d. STREET ADDRESS (If rural, give location) 1514 Fernley Rd.			
b. FULL NAME OF HOSPITAL OR INSTITUTION 1514 FERNLEY RD - 18.				c. Length of stay in Baltimore 68 Yrs. Mos. Days			
5. SEX MALE		6. COLOR OR RACE WHITE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH Jan. 20, 1863	
9. AGE (In years last birthday) 88		10. CITIZEN OF WHAT COUNTRY? MD.		11. BIRTHPLACE (State or foreign country) MD.		12. CITIZEN OF WHAT COUNTRY? MD.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN				10b. KIND OF BUSINESS OR INDUSTRY MERCHANDISE			
13. FATHER'S NAME FRANCIS P. JORDAN				14. MOTHER'S MAIDEN NAME ISABELLA T. SCHRECK			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No				16. SOCIAL SECURITY NO. NONE			
17. INFORMANT MR. JOHN E. WHERRETT				ADDRESS 1514 FERNLEY RD			
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY HEART DISEASE DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. PERICARDIOCLEROTIC CARDIOVASCULAR DISEASE RHABDIC MYOCARDITIS				INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE			
19a. DATE OF OPERATION 0				19b. MAJOR FINDINGS OF OPERATION per: B. F. Fisher			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DEATH OR LAST ILLNESS OCCURRED (exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 8/25/1951 , to 8/25/1951 , that I last saw the deceased alive on 8/25/1951 , and that death occurred at 6 A.M. , from the causes and on the date stated above.	
23a. SIGNATURE William T. Muse		23b. ADDRESS 5-41-29th St. Balt-18		23c. DATE SIGNED 8/25/51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 8/29/51		24c. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.		24d. LOCATION (City, town, or county) Balto., Md.		24e. DATE RECEIVED BY LOCAL REGISTRAR AUG 27 1951	
24f. REGISTRAR'S SIGNATURE William T. Muse		24g. FUNERAL DIRECTOR Wm. J. Lickner		24h. ADDRESS 937 Mt.		VS 150	

532
51 7454BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7454
Registered No.

BIRTH NO

1. NAME OF DECEASED (Type or Print) MOSES N ZENITZ		2. DATE OF DEATH 8-26-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3309 Sprungdale Ave		C. CITY OR TOWN (If outside corporate limits, write R.U.C.I. and give township) Baltimore 15-38	
C. Length of stay in Baltimore 60 Yrs. Men Boys		D. STREET ADDRESS (If rural, give location) 3309 Sprungdale Ave	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 7-5
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10B. KIND OF BUSINESS OR INDUSTRY Furniture	
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Abraham		14. MOTHER'S MAIDEN NAME Freida	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. Nelson Zenitz	
17. INFORMANT Nelson Zenitz		ADDRESS	

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Pulm. embolus DUE TO Phlebotrombosis (B) A-S. Ht Dis DUE TO Coronary Failure (C) 1 wk INTERVAL BETWEEN ONSET AND DEATH 4 days	19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
--	---

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **8-17-**, 19**51**, to **8-26-**, 19**51**, that I last saw the deceased alive on **8-26-**, 19**51**, and that death occurred at **9 P** m., from the causes and on the date stated above.

23A. SIGNATURE **Dr. [Signature]** M. O. **803 Cathedral St** 23B. ADDRESS **8-27-51** 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **8-28-51** 24C. NAME OF CEMETERY OR CREMATORY **Baltimore Hebrew** 24D. LOCATION (City, town, or county) **Balto Md**

DATE RECEIVED BY LOCAL REGISTRAR **AUG 27 1951** REGISTRAR'S SIGNATURE **John Williams, M.D.** 25. FUNERAL DIRECTOR **Jack Lewis** ADDRESS **2100 Canton Pl**

Waghester
803 Cathedral St
New 2407

3302 Liberty Hgts
70 1400

130 PM

520

7455

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51

7455

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

AMELIA E YOUNG

2. DATE
OF
DEATH

8-27-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

UNIVERSITY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MD.

Howard

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

ELK RIDGE

6300

D. STREET ADDRESS (If rural, give location)

1717 AUGUSTINE ST

C. Length of stay in Baltimore

6 Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

B. DATE OF BIRTH

May 24 1882

9. AGE (In years
last birthday)

69 yrs

If Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF
WHAT COUNTRY?

U. S. A

13. FATHER'S NAME

DENTON COWTON

14. MOTHER'S MAIDEN NAME

MARGARET EDELEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Record

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, assthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CARDIO-RESPIRATORY

DUE TO

COLLAPSE

24 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) GENERALIZED DEBILITATION

(C) OPERATIVE PROCEDURE +
OLD AGE

3 Mos.

40 hrs

(C) CARCINOMA OF STOMACH
(INOPERABLE)

4-8 mos

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

8-25-51

19B. MAJOR FINDINGS OF OPERATION

INOPERABLE CARCINOMA, STOMACH

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 21, 1951, to Aug 27, 1951, that I last saw the
deceased alive on Aug 27, 1951, and that death occurred at 12:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Robert S. Mosser

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

8-27-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

Aug 28/51

24C. NAME OF CEMETERY OR CREMATORY

Rose Hill

24D. LOCATION (City, town, or county)

Clear Spring Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

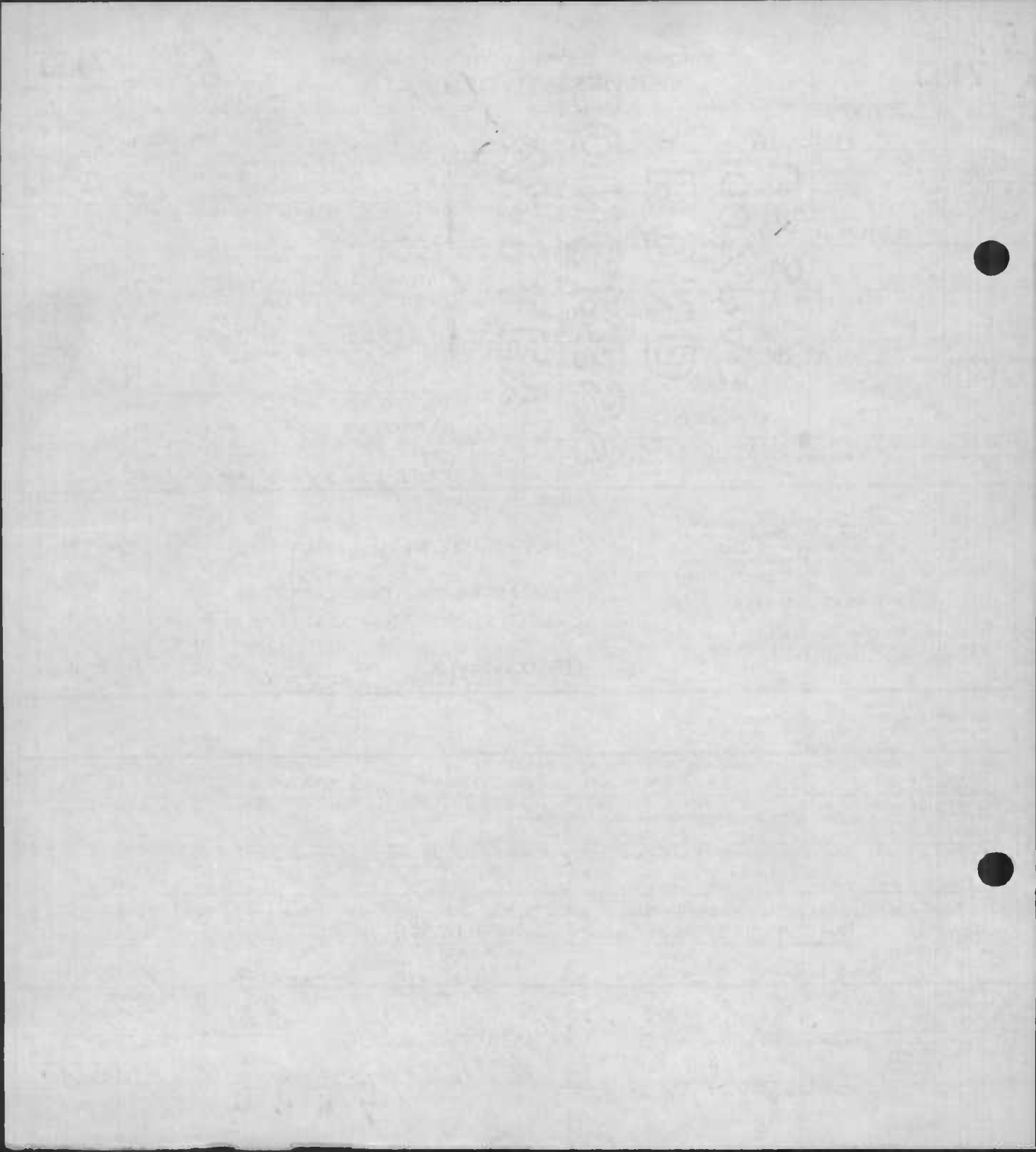
25. FUNERAL DIRECTOR

ADDRESS

AUG 27 1951

H. H. Williams, Jr.

H. H. Williams, Jr. 4905 York Rd



210

51 7456

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) <i>Jannie E. Bishop</i>		2. DATE OF DEATH <i>Aug 25 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>6111 Bellona av</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-12</i>	
C. Length of stay in Baltimore <i>?</i>		D. STREET ADDRESS (If rural, give location) <i>6111 Bellona av</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>Wh.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>MAR. 5 1901</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>own</i>	9. AGE (In years last birthday) <i>50</i>
13. FATHER'S NAME <i>Jacob L. Frey</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>2</i>	
17. INFORMANT <i>J. M. I. Bishop</i>		ADDRESS <i>Same</i>	
18. <i>174x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Sarcoma of uterus</i>		CAUSE OF DEATH (A) <i>Sarcoma of uterus</i> DUE TO (B) <i>Sarcoma of uterus</i> DUE TO (C)	
19. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>May</i> , 1951, to <i>Aug 25</i> , 1951, that I last saw the deceased alive on <i>Aug 25</i> , 1951, and that death occurred at <i>9:45 A. M.</i> , from the causes and on the date stated above.		23. SIGNATURE <i>Fredrick Volkmann</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Aug 28 1951</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn</i>		24D. LOCATION (City, town, or county) (State) <i>Woodlawn Balt Co Md.</i>	
25. FUNERAL DIRECTOR <i>W. H. Empirio, Inc 4905 York Rd.</i>		26. ADDRESS	

1951 0007441 4813

WILLIAM

OF NEW

YORK

AND

Dr Vollmer
YORK RD : Lake Ave

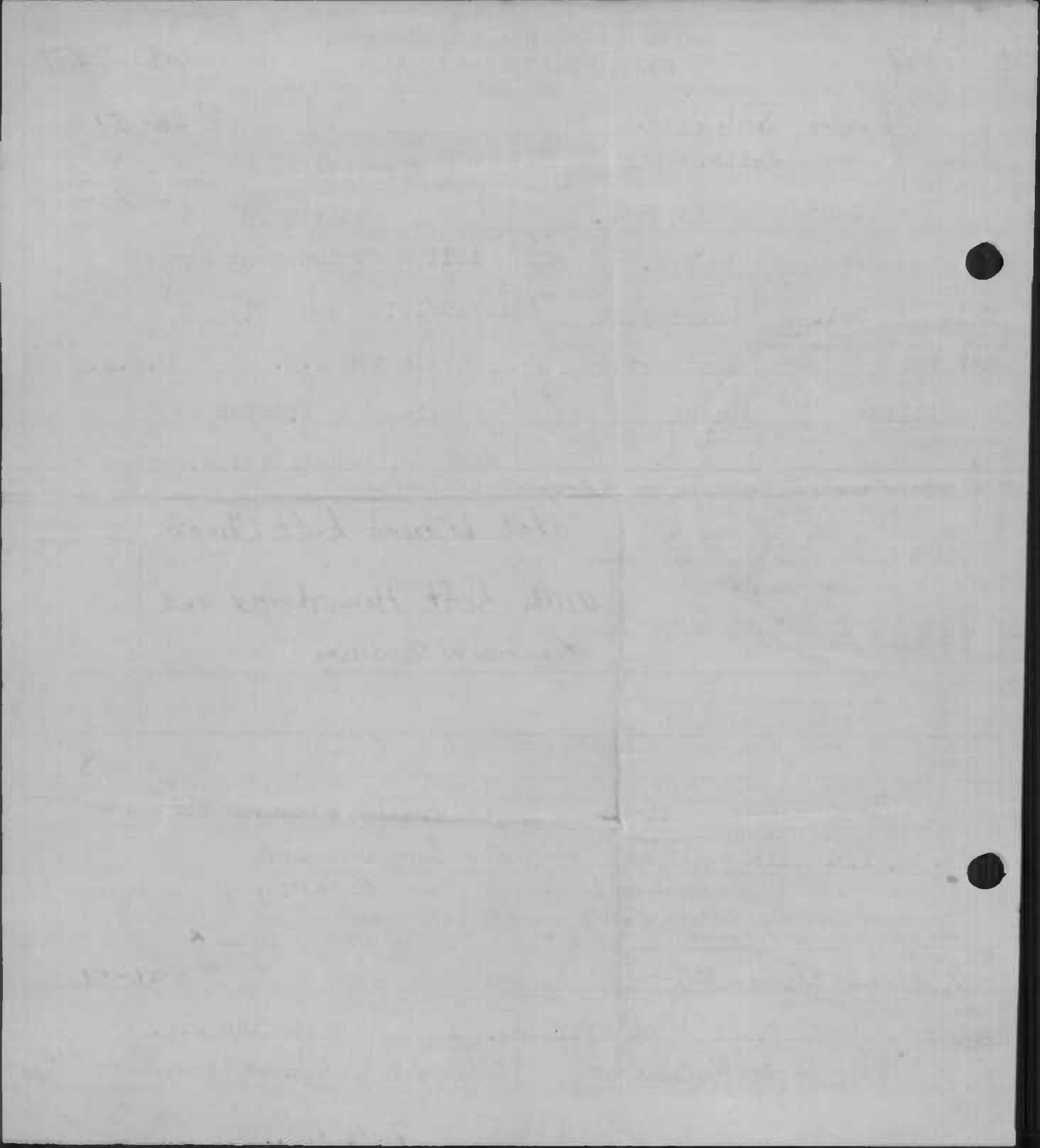
525
7457BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 7457

1. NAME OF DECEASED (Type or Print) Charles Johnson			2. DATE OF DEATH 8-26-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Johns Hopkins Hosp.			C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore		
C. Length of stay in Baltimore 10 Yrs.			D. STREET ADDRESS (If rural, give location) 1611 East Monument Street		
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11/19/1919		9. AGE (in years, last birthday) 31
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			11. BIRTHPLACE (State or foreign country) Darlington S.C.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME William Johnson			14. MOTHER'S MAIDEN NAME Julia Briston		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Emma J. McCall 211 n. Lurham St.			ADDRESS		

18. E 187X	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	(A) Stab Wound Left Chest	
ANTECEDENT CAUSES	(B) With Left Hemothorax and	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) Hemopericardium	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Caroline & Monument Streets	
21D. TIME (Month) (Day) (Year) (Hour) of INJURY Aug. 25, 1951 11:30 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Sharp instrument	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William Johnson		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR Elroy O. Wilson		23C. DATE SIGNED 8-26-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/29/1951		24C. NAME OF CEMETERY OR CREMATORY Red Hill Cem.	
24D. LOCATION (City, town, or county) Darlington S.C.		24E. FUNERAL DIRECTOR ADDRESS Elroy O. Wilson 1000 Brantly Ave			
DATE RECEIVED BY LOCAL REGISTRAR AUG 27 1951		REGISTRAR'S SIGNATURE William Johnson			
V S 151 1-8622 9704K 19510827442 167					



600
51 7458
BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7458
Registered No.

1. NAME OF DECEASED (Type or Print) WILLIAM A. HOERR		2. DATE OF DEATH Aug. 26, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore	
C. Length of stay in Baltimore 75 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4904 Sanford Rd	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 6/22/1876
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10B. KIND OF BUSINESS OR INDUSTRY B. & O. RR	9. AGE (In years last birthday) 75
13. FATHER'S NAME John Hoerr		11. BIRTHPLACE (State or foreign country) Baltimore	12. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
14. MOTHER'S MAIDEN NAME Margaret Nauman		17. INFORMANT Catherine Hoerr (wife) ADDRESS same	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Malnutrition		INTERVAL BETWEEN ONSET AND DEATH Aug 1951
(A) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinomatosis		
(B) DUE TO Adenocarcinoma of stomach		April, 1951
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION July 1951		19B. MAJOR FINDINGS OF OPERATION adenocarcinoma of stomach & metastases		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug. 20, 1951 , to Aug. 26, 1951 , that I last saw the deceased alive on Aug. 26, 1951 , and that death occurred at 4:15 pm. , from the causes and on the date stated above.					
23A. SIGNATURE Henry E. Langenfelder, M.D.		23B. ADDRESS University Hospital - Bldg.		23C. DATE SIGNED Aug. 26, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug 29/51		24C. NAME OF CEMETERY OR CREMATORY Bell's	
24D. LOCATION (City, town, or county) Bald		24E. (State)		24F. (State)	
DATE RECEIVED BY LOCAL REGISTRAR AUG 27 1951		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR W.C. L... ADDRESS Home 2008	

636
51 7459BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7459

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARIE S. SCHROEDER

2. DATE
OF
DEATH

8/26/51

3. PLACE OF DEATH:

a. Baltimore City, Maryland Baltimore

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE Maryland General Hospital4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
a. STATE b. COUNTY

Md

Baltimore

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Dundalk Md.

d. STREET ADDRESS (If rural, give location)

3 Shipping pl;

6300

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

January 3, 1875

9. AGE (In years
last birthday)

76

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H-XV

10b. KIND OF BUSINESS, OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

MATTHIAS SCHROEDER

14. MOTHER'S MAIDEN NAME

Friedrich

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Herman Schroeder 3 Shipping pl.

18.

153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Carcinoma of the transverse
colon with involvement
of mesentery, pancreas & stomach

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

8/20/51

19b. MAJOR FINDINGS OF OPERATION

carcinoma of transverse colon

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/15/1951 to 8/26/1951, that I last saw the deceased alive on 8/26/1951, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE

Lubek Bakhor

M. D.

23b. ADDRESS

Maryland General Hospital 8/23/51

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

Aug 30, 1951

24c. NAME OF CEMETERY OR CREMATORY

London Park

24d. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

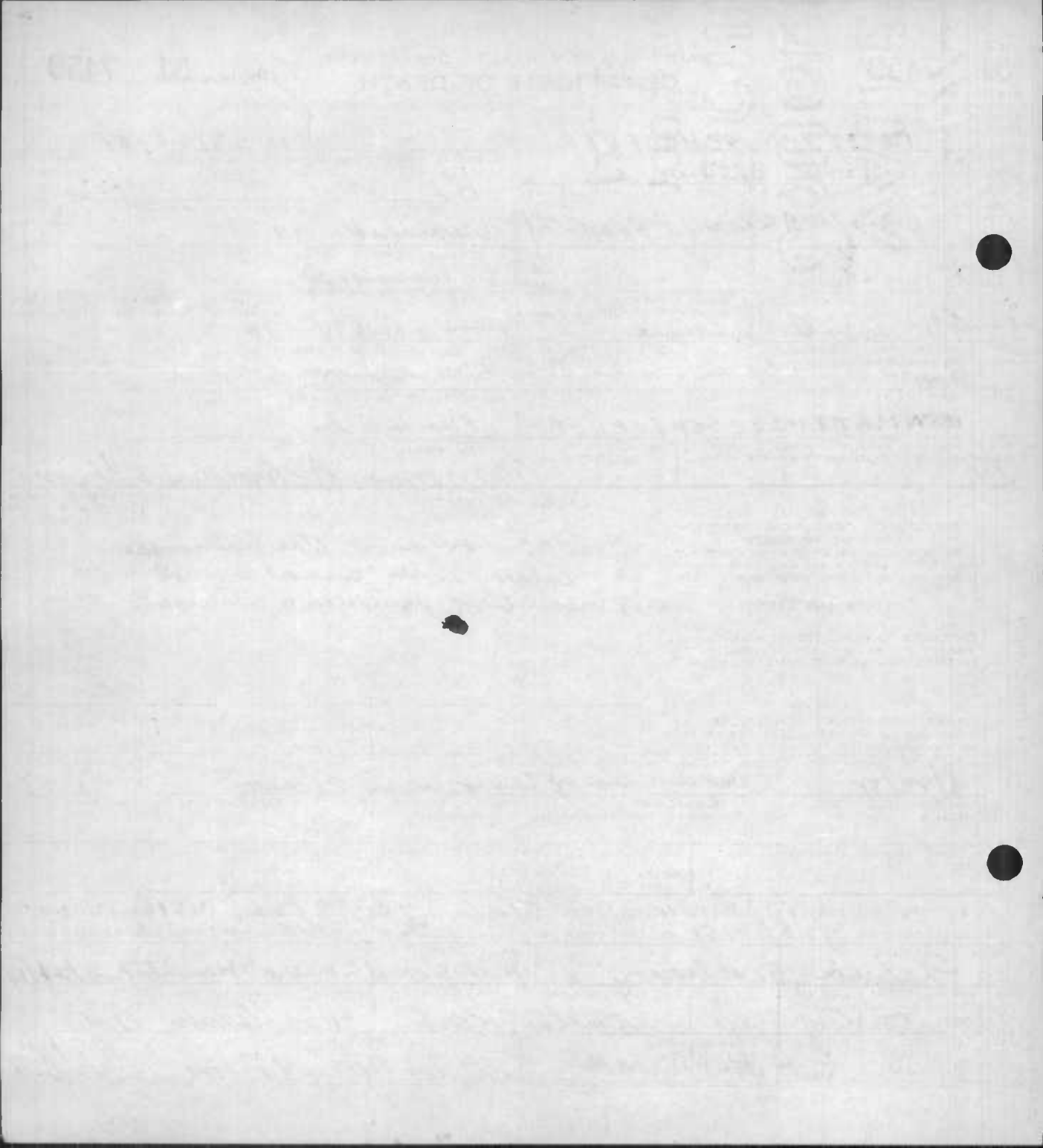
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wood Funeral Home Dundalk



430
51 7460BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7460
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Thomas W. Collette, Jr.</i>		2. DATE OF DEATH <i>8-25-1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Howard</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>S.T. Agnes Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Ellicott City (Rural)</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>Frederick Road 6300</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>11-19-41</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Student</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>School</i>	9. AGE (In years last birthday) <i>9</i>
13. FATHER'S NAME <i>Thomas Collette</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
16. SOCIAL SECURITY NO. <i>None</i>		14. MOTHER'S MAIDEN NAME <i>Marie Miller</i>	
17. INFORMANT <i>Mr. Thomas W. Collette</i>		ADDRESS <i>Ellicott City Md.</i>	

18. <i>550.0 and 061X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute Suppurative Appendicitis</i>	CAUSE OF DEATH (A) <i>Acute Suppurative Appendicitis</i> DUE TO (B) (C)	INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT
Acute Tetanus

19A. DATE OF OPERATION <i>8/23/51</i>		19B. MAJOR FINDINGS OF OPERATION <i>Acute Suppurative Appendicitis</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>8/23</i> , 19 <i>51</i> , to <i>8/25</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>8/25</i> , 19 <i>51</i> , and that death occurred at <i>5 P</i> m., from the causes and on the date stated above.				
23A. SIGNATURE <i>Stephen H. Pashonis</i>		23B. ADDRESS <i>S.T. Agnes Hospital</i>		23C. DATE SIGNED <i>8/26/51</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>8/29/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Good Shepherd</i>	24D. LOCATION (City, town, or county) (State) <i>Ellicott City Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 27 1951</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Easton Sons</i>	ADDRESS <i>Ellicott City, Md.</i>

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51 7461

51 7461

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51-7461

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

L. Adele Talbott

2. DATE
OF
DEATH

Aug. 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Hood Nursing Home

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Aug. 7, 1870

9. AGE (in years
last birthday)

31

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR
INDUSTRY

school teacher

11. BIRTHPLACE (State or foreign country)

Laurel, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas J. Talbott

14. MOTHER'S MAIDEN NAME

Martha Waters

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.
none

17. INFORMANT

Mrs. H. L. Muse

ADDRESS

Lochraven, Md.

18. 443X and E903.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Hypertensive arteriosclerotic cardio-
vascular disease
DUE TO

several yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Cerebral accident probably thrombosis
DUE TO
(C) Fracture of hip
CERTIFICATION APPROVED BY

1948

again 8/3/51

4-17-50

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☒
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Calver St. near Redwood St.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

4/17/1951

21E. INJURY OCCURRED

WHILE AT ☐ WORK NOT WHILE ☒ AT WORK

21F. HOW DID INJURY OCCUR?

Slipped a fell to street

22. I hereby certify that I attended the deceased from Jan. 27, 1934 to Aug. 19, 1951, that I last saw the
deceased alive on Aug. 13, 1951, and that death occurred at 5:30A m., from the causes and on the date stated above.

23A. SIGNATURE

George H. Kuypp

M. D.

23B. ADDRESS

3030 Edmondson Ave.

23C. DATE SIGNED

Aug. 20, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

Aug. 21, 1951

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

Aug. 27, 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Tickner & Sons

ADDRESS

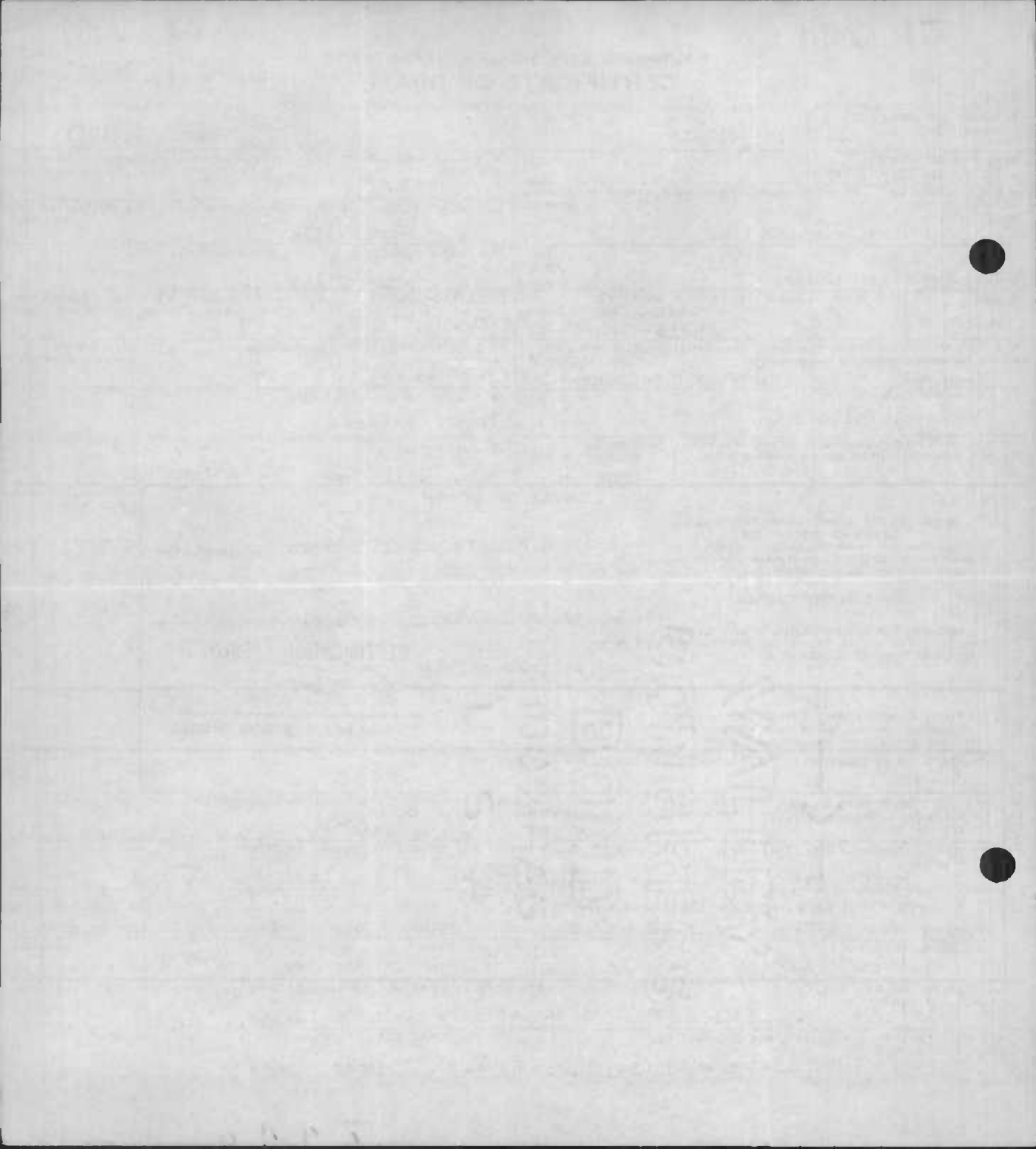
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MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 7462**

460
BIRTH NO. **7462**

1. NAME OF DECEASED (Type or Print) JOSEPH H. WELLER			2. DATE OF DEATH 8-27-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Carroll		
5. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Linwood Linwood		
c. Length of stay in Baltimore 7 Yrs. 7 Mos. 7 Days			D. STREET ADDRESS (If rural, give location) 5100		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1899		9. AGE (In years last birthday) 52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miller			10B. KIND OF BUSINESS OR INDUSTRY Grain mill		11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.			13. FATHER'S NAME Joseph C. Weller		
14. MOTHER'S MAIDEN NAME Margaret E. Casner			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) not known		
16. SOCIAL SECURITY NO. known			17. INFORMANT ADDRESS Hospital Records		

18. 490X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bilateral pneumonia		INTERVAL BETWEEN ONSET AND DEATH 1 wk. 10 yrs. 1 wk. 1 wk.
(A) DUE TO Bronchovascular emphysema		
(B) DUE TO Myocardial infarction		
(C) DUE TO Pulmonary edema		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 8-20-51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **8-20**, 19**51**, to **8-27**, 19**51**, that I last saw the deceased alive on **8-27**, 19**51**, and that death occurred at **2:25** p.m., from the causes and on the date stated above.

23A. SIGNATURE John W. B... M.D.		23B. ADDRESS University Hospital		23C. DATE SIGNED 8-27-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8/30/51	24C. NAME OF CEMETERY OR CREMATORY Pine Creek Cem.	24D. LOCATION (City, town, or county) Chesapeake	24E. STATE Md.	
DATE RECEIVED BY LOCAL REGISTRAR AUG 27 1951		REGISTRAR'S SIGNATURE W. D. Hartzler		25. FUNERAL DIRECTOR ADDRESS 108	

MEDICAL CERTIFICATION

555-43
Chesapeake & New Windsor, Md.

520
51 7463BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

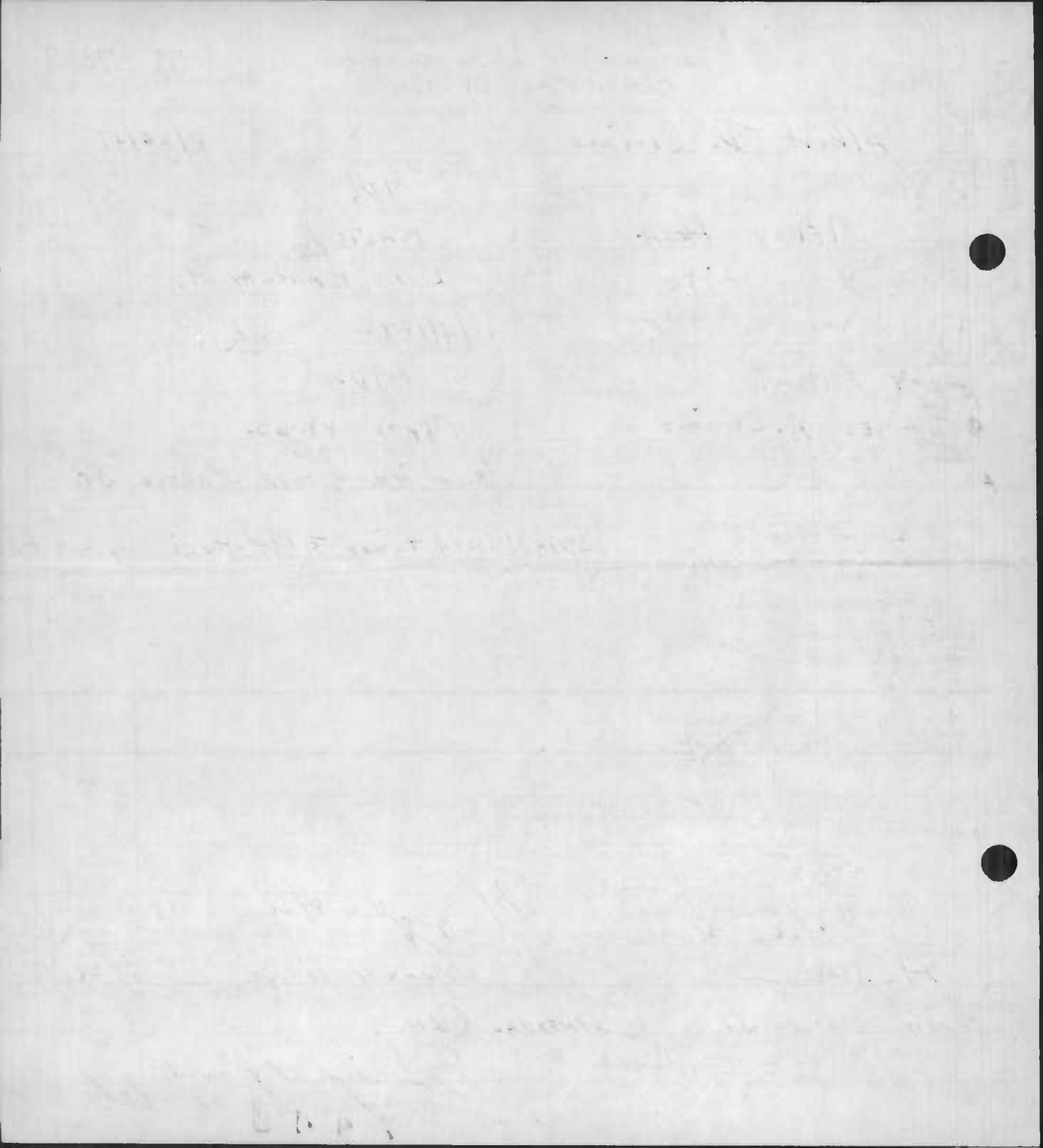
Registered No. 51 7463

1. NAME OF DECEASED (Type or Print) <i>Albert D. Simins</i>		2. DATE OF DEATH <i>8/26/57</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>12-04</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>MERCY Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTO</i>	
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>2013 BARCLAY ST.</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>12/4/1892</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Govt EMPLOY.</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>PLUMBING INSPECTOR</i>	9. AGE (in years last birthday) <i>58</i>
13. FATHER'S NAME <i>JAMES A. Simins</i>		11. BIRTHPLACE (State or foreign country) <i>MD.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		12. CITIZEN OF WHAT COUNTRY? <i>MD.</i>	
16. SOCIAL SECURITY NO. <i>-</i>		14. MOTHER'S MAIDEN NAME <i>Mary Webb.</i>	
17. INFORMANT (BORO) <i>Mr. Simins - 2013 BARCLAY ST.</i>		ADDRESS	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>(A) Spinal Cord tumor ± Metastasis</i> DUE TO INTERVAL BETWEEN ONSET AND DEATH <i>2 mnt.</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>8/26/57</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>8/21/57</i> , to <i>8/26/57</i> , 19 <i>57</i> , that I last saw the deceased alive on <i>8/26/57</i> , and that death occurred at <i>9:25</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>H.C. Kramer</i>		23B. ADDRESS <i>Mercy Hosp.</i>	
23C. DATE SIGNED <i>8/26/57</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>8-30-57</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>CATHEDRAL CEM.</i>		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 27 1957</i>		REGISTRAR'S SIGNATURE <i>Walterton Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Frederick J. Jones</i>		ADDRESS <i>Frederick J. Jones 2013 BARCLAY ST.</i>	

MEDICAL CERTIFICATION

240 911

7463 540



51 7464

51 7464

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Pauline Marie Dalby

2. DATE OF DEATH
Aug. 25, 1951.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1529 Poplar Grove St.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1529 Poplar Grove St.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR INDUSTRY

Landsburghs Dept.

13. FATHER'S NAME

Francois Dalby

Store, Wash. D. C.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Charles Gundina, 1529 Poplar Grove

18. 421.4

CAUSE OF DEATH

St

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cardiac failure

DUE TO

Chronic myocarditis + Endocarditis

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Aug 20, 1951, to Aug 25, 1951, that I last saw the deceased alive on Aug 25, 1951, and that death occurred at 5:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Albert Scagnetti

M. D.

23B. ADDRESS

1724 W. Lombard St

23C. DATE SIGNED

Aug 27 '51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Aug. 28/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore 29, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

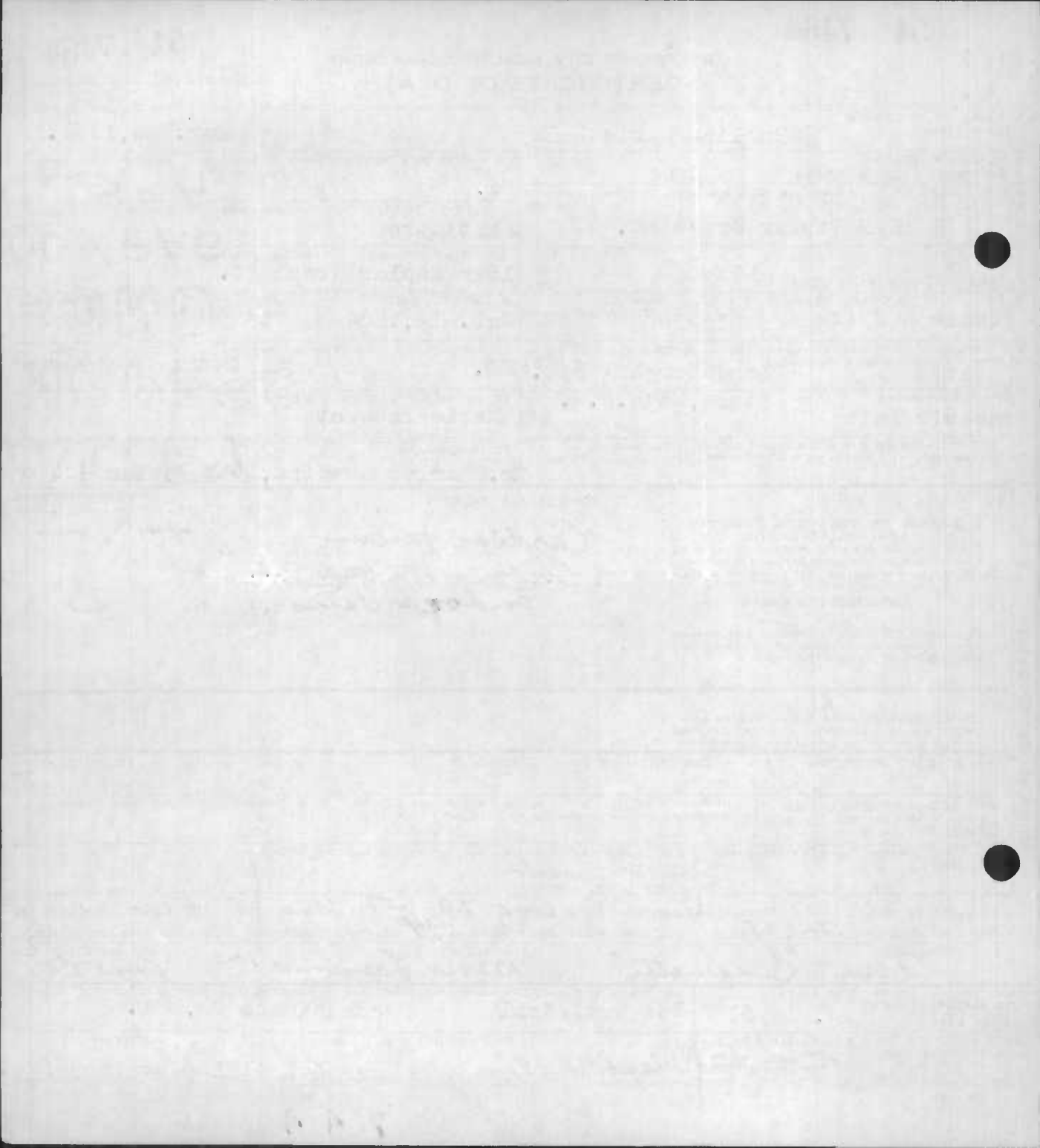
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Harry A. Witzke 4101 Edmondson Ave.

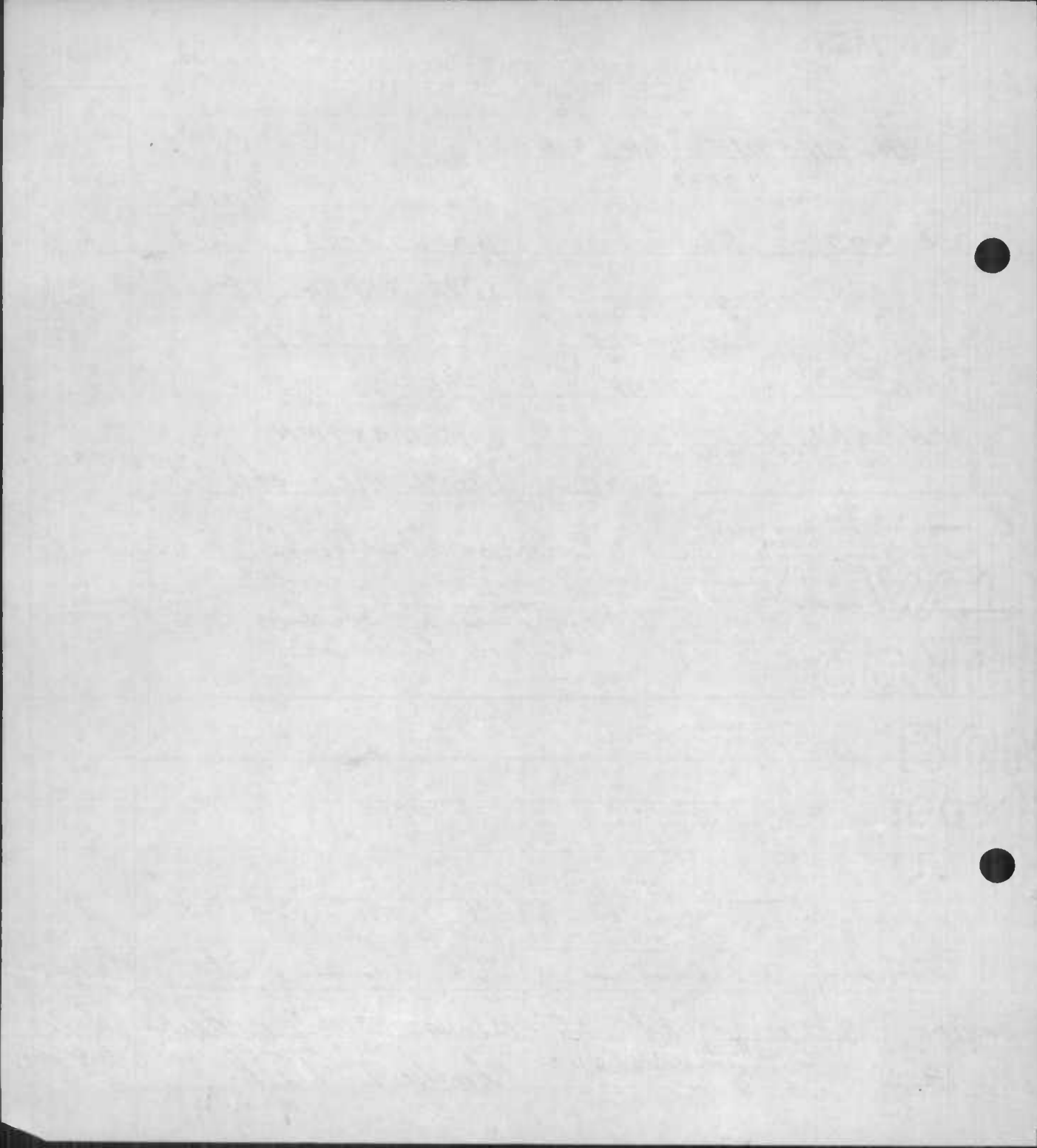


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7465

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7465
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) VALENTINE MAJEWSKI		2. DATE OF DEATH 8-26-57	
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTO		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD B. COUNTY BALTO			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1300 ANDRE ST		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE MD 24-01			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1300 ANDRE ST			
5. SEX M.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH	9. AGE (In years, last birthday) 72	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10B. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) POLAND	
13. FATHER'S NAME UNKNOWN		14. MOTHER'S MAIDEN NAME UNKNOWN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT ADDRESS James Majewski 1300 ANDRE ST.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Coronary Occlusion Immediate		(A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO Hypertensive Cardio-vascular disease		2	
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/24 , 19 57 to 8/26 , 19 57 , that I last saw the deceased alive on 8/25 , 19 57 , and that death occurred at 8 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Harry Weiler		23B. ADDRESS 1226 Hanover St		23C. DATE SIGNED 8/27/57	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 8-28-57		24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus	
24D. LOCATION (City, town, or county) (State) 3100 Dundalk Ave		24E. FUNERAL DIRECTOR Charles F. Dill		24F. ADDRESS 1501 E Fort Ave	
DATE RECEIVED BY LOCAL REGISTRAR AUG 28 1957		REGISTRAR'S SIGNATURE Huntington Williams, MD			



120
HLC-151606

51 7466

BALTIMORE CITY HEALTH DEPARTMENT

51 7466

CERTIFICATE OF DEATH

Registered No.

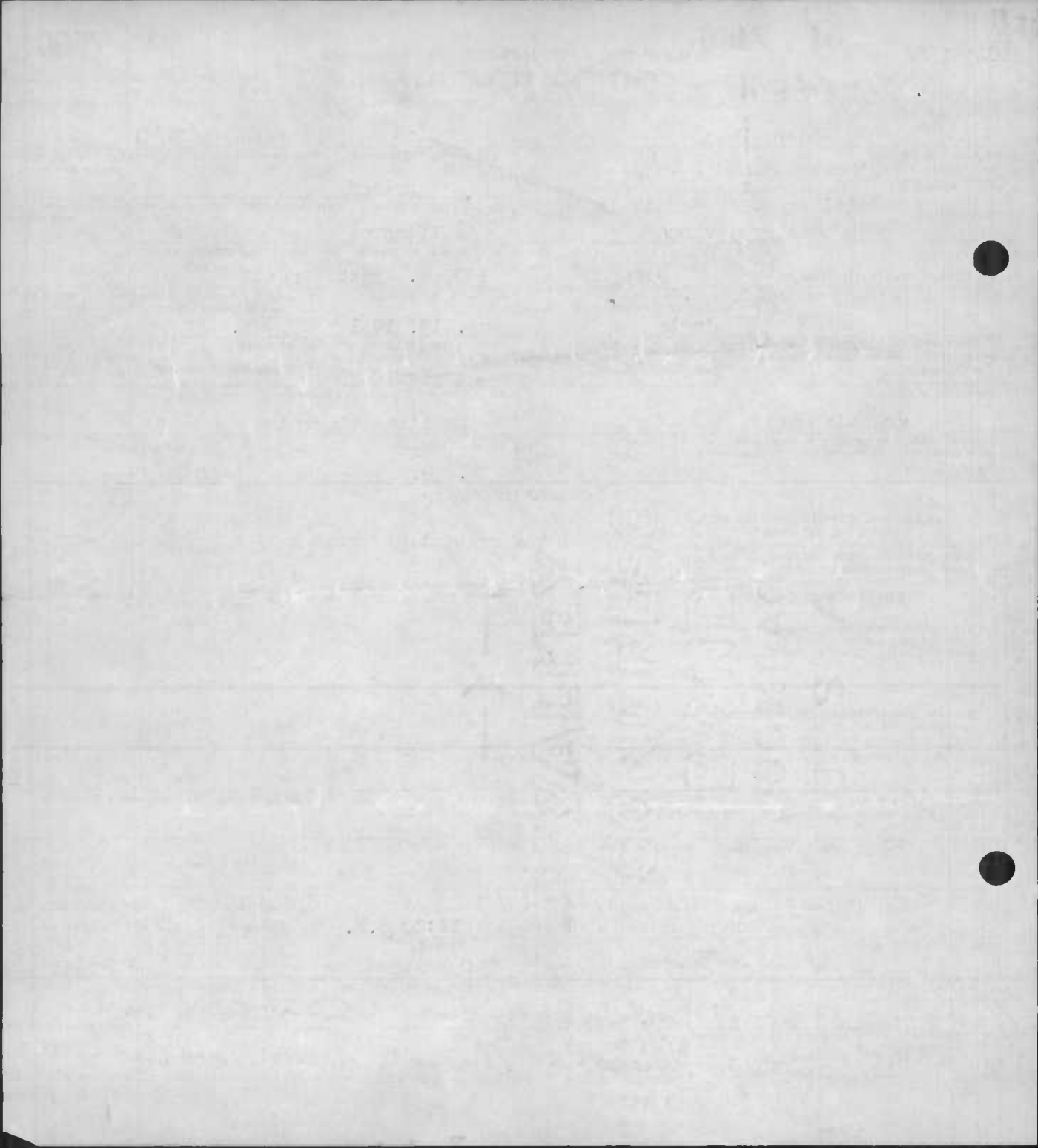
BIRTH NO. 51-25862-25970

1. NAME OF DECEASED (Type or Print) Rebecca Davis			2. DATE OF DEATH 8/26/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore City			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Baltimore City Hospitals INSTITUTION 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 3-01		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1500 E. Pratt Street		
5. SEX F	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	B. DATE OF BIRTH Aug. 19, 1951		9. AGE (in years last birthday) 5 Das. If Under 1 Year: Months: Days: 5 If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10B. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Johnnie Davis		
14. MOTHER'S MAIDEN NAME Pauline Anderson			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		
16. SOCIAL SECURITY NO.			17. INFORMANT B.C.H. Records		
18. ADDRESS 4940 Eastern Avenue			19. ADDRESS		

18. 7600 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Intra cranial Hemorrhage (A) DUE TO 5 Days ? INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES (B) DUE TO (C) DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 8/26/51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/24/51 , 19 51 , to 8/26/51 , 19 51 , that I last saw the deceased alive on 8/26/51 , 19 51 , and that death occurred at 12:20 A.M. from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 8-27-51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8-28-51		24C. NAME OF CEMETERY OR CREMATORY Calvary Cem.		24D. LOCATION (City, town, or county) (State) Brooklyn Md	
DATE RECEIVED BY LOCAL REGISTRAR AUG 28 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR Elroy O. Wilson		ADDRESS 1000 Beauty	



431 51 7467

51 7467

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Adele Goldfarb			2. DATE OF DEATH Aug 28, 51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Mercy Hospital Inc			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-04		
c. Length of stay in Baltimore 25 Yrs. Wks. Days			D. STREET ADDRESS (If rural, give location) 2101 E. Preston St		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH	9. AGE (In years last birthday) 49	11. BIRTHPLACE (State or foreign country) Russia
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wife			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
10B. KIND OF BUSINESS OR INDUSTRY			13. FATHER'S NAME Zachary Waxler		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		
17. INFORMANT Charles Goldfarb - 2101 E. Preston St.			ADDRESS _____		

18. **175X** CAUSE OF DEATHDISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Carcinomatosis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Carcinoma of Ovary**

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) _____

INTERVAL BETWEEN ONSET AND DEATH **?**

19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Aug 21, 1951** to **Aug 28, 1951** that I last saw the deceased alive on **Aug 27, 1951** and that death occurred at **2:35A** from the causes and on the date stated above.23A. SIGNATURE **Edna M. Lippel** M.O. **Mercy Hospital** 23C. DATE SIGNED **Aug 28, 51**

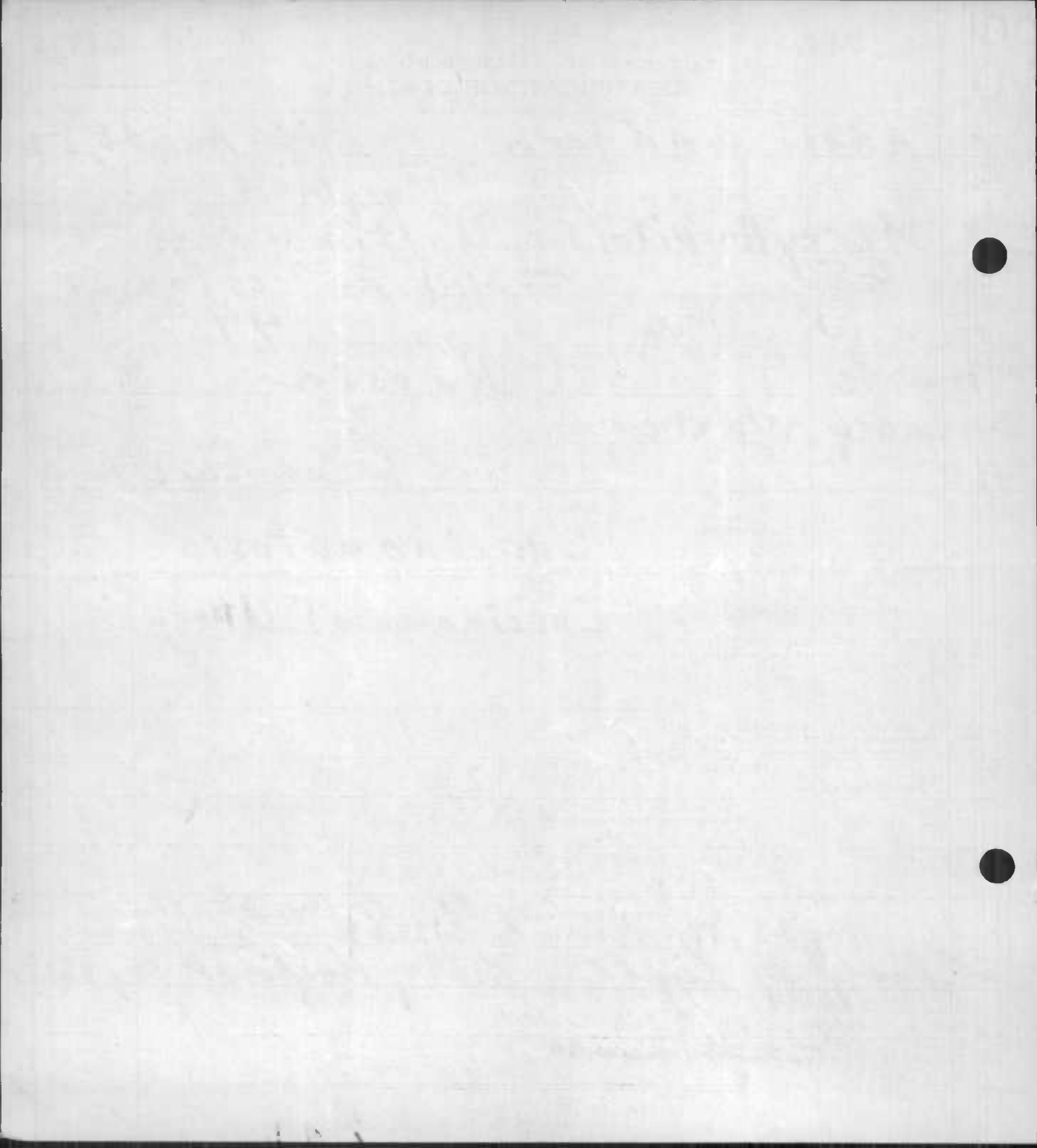
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug 28, 1951		24C. NAME OF CEMETERY OR CREMATORY Resurrection	
24D. LOCATION (City, town, or county) Balto		24E. STATE Md		25. FUNERAL DIRECTOR Jack Lewis Inc - 2600 E. Euterod R.	
DATE RECEIVED BY LOCAL REGISTRAR AUG 28 1951		REGISTRAR'S SIGNATURE William H. Williams		ADDRESS _____	

VS 150

19510307450

49a

MEDICAL CERTIFICATION



563 51 7468

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7468
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN J. RINEHARDT

2. DATE
OF
DEATH

August 27, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore Gen. Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

433 Freeman Street

C. Length of stay in Baltimore

5. SEX

Male White

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Warehouseman

10B. KIND OF BUSINESS OR INDUSTRY

Curtis Bay Ord. Dep.

8. DATE OF BIRTH

6/11/1919

9. AGE (In years last birthday)

32

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTH PLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY

13. FATHER'S NAME

Jacob

14. MOTHER'S MAIDEN NAME

Lula Murphy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Yes

W W #2

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18. E 872, 4

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture of right arm

-DUE TO-

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Subdural hematoma

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIB. ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Road

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Gov. Ritchie Highway at Ordinance Depot Road

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

August 11, 1951 2:50 A. m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Auto overturned

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

23C. DATE SIGNED

August 27, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

B

24B. DATE

8/30/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 28 1951

VS 151

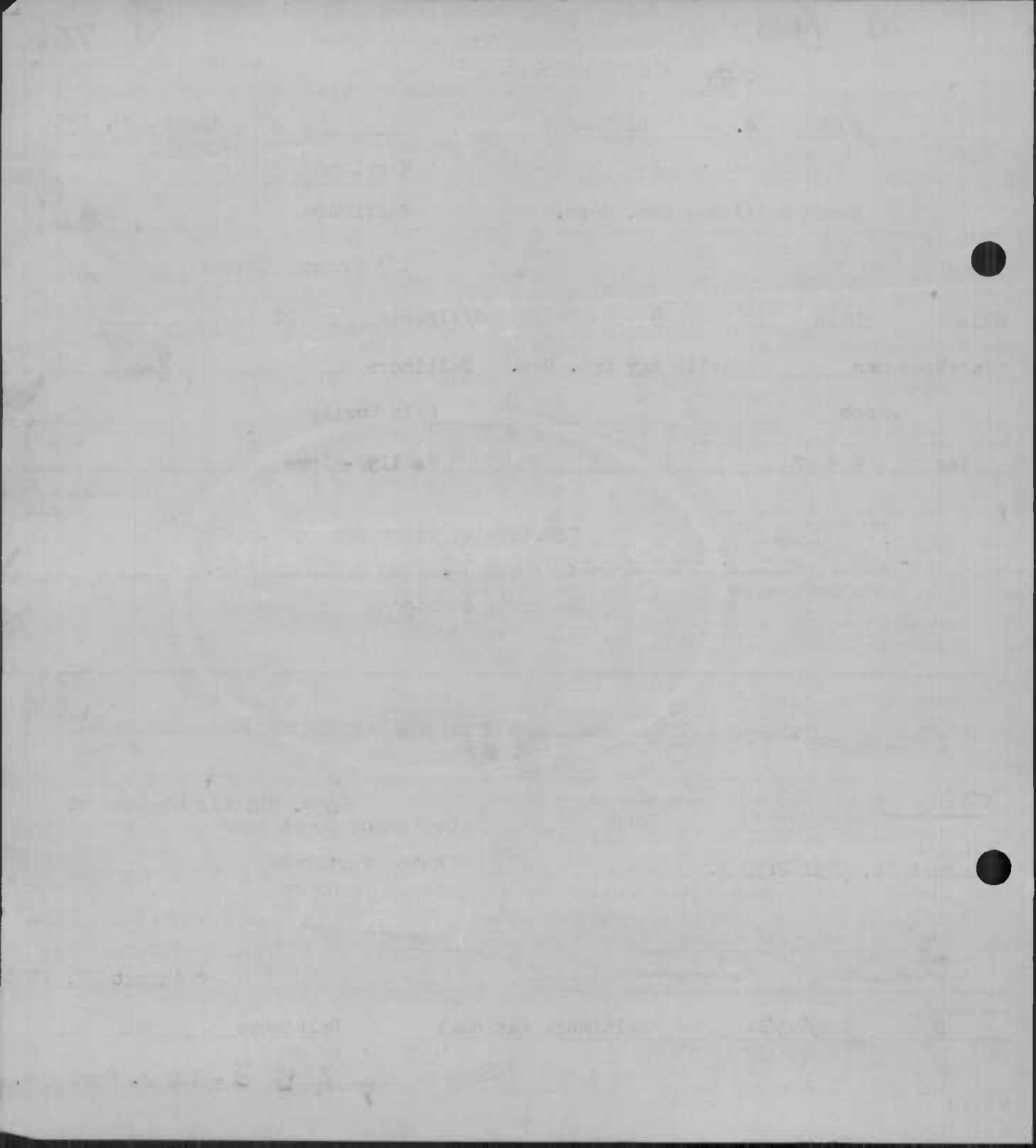
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98091

1700 ✓

- 130 E. Fort Ave.

MEDICAL CERTIFICATION



51 7469

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7469

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SIMON GOELLER

2. DATE
OF
DEATH

8/26/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Lunai Hosp

C. Length of stay in Baltimore

25 Yrs

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE MARRIED
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Foreman Goetz's Meat Plant

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Andrew Goeller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Sophie Goeller 1623 N. Montford Ave

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertension

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/25, 1951, to 8/26, 1951, that I last saw the
deceased alive on 8/26, 1951, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert Sanders, M.D.

23B. ADDRESS

Lunai Hosp

23C. DATE SIGNED

8/26/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Aug 30th 1951

Holy Reddemer

Belair Road

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 28 1951

Huntington Williams, M.D.

Leo B. Cook 1701-03 N. Patterson Park

Ave

VS 150

523 400 7154

83a

MEDICAL CERTIFICATION

Mrs. Hilda Krabenstein
1429 N. Slecker Ave.
zone #13

300
51 7470BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7470
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) DONALD LEON WHITE		2. DATE OF DEATH August 26, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes' Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 13-02			
C. Length of stay in Baltimore 10 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2102 Bolton Street			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 26, 1926	9. AGE (In years, last birthday) 24	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) plaster's assistant		10B. KIND OF BUSINESS OR INDUSTRY building insulation		11. BIRTHPLACE (State or foreign country) Miami, Fla.	
12. CITIZEN OF WHAT COUNTRY U. S.		13. FATHER'S NAME Cyrus W. White			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY NO. W. W. II 216-20-5977		17. INFORMANT Cyrus W. White	
15. (If yes, give war or dates of service)		ADDRESS 2108 Mt. Royal Terrace			

18. **E 816.4**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) **Rupture of heart**
DUE TO **crushing injury of chest**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

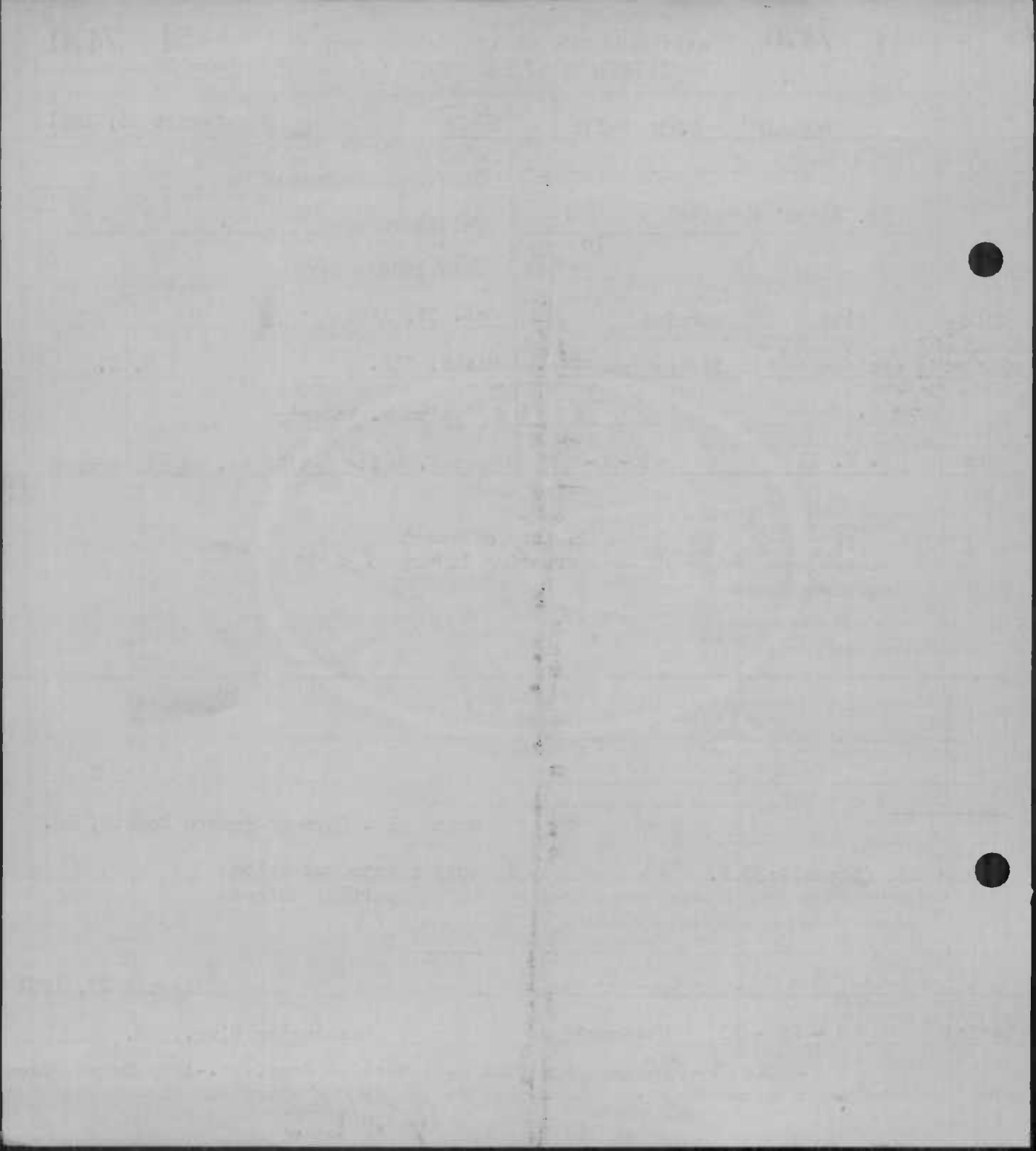
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Road21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
Route #1 - Harwood-Howard County, Md.21D. TIME (Month) (Day) (Year) (Hour) INJURY
August 26, (about) 9:30 P. m.21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒21F. HOW DID INJURY OCCUR?
Auto & auto collision22. I certify that I took charge of the remains described above, held an **partial autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.23A. SIGNATURE
Stanley K. Dureacher M.D.23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR
X23C. DATE SIGNED
August 27, 195124A. BURIAL, CREMATION, REMOVAL (Specify)
burial24B. DATE
8 - 29 - 5124C. NAME OF CEMETERY OR CREMATORY
Meadowridge24D. LOCATION (City, town, or county)
Washington Blvd., Md.DATE RECEIVED BY LOCAL REGISTRAR
AUG 28 1951REGISTRAR'S SIGNATURE
John O. Mitchell & Sons, Inc.25. FUNERAL DIRECTOR
John O. Mitchell & Sons, Inc.ADDRESS
1900 Eutaw Place



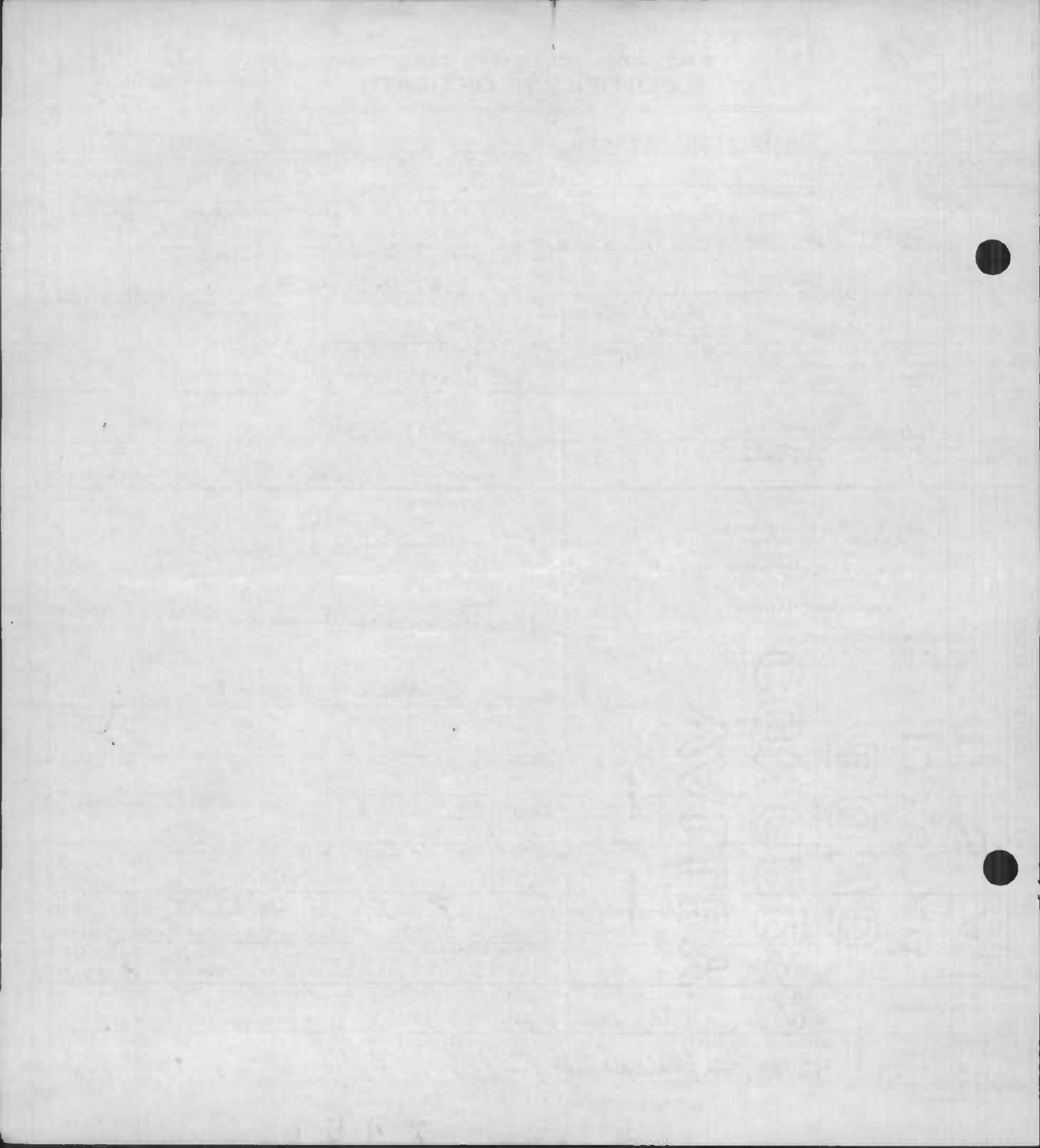
13 ✓
51 7471BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7471

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Catherine Fletcher		2. DATE OF DEATH 8/27/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 8-06			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1611 N. Regester St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1611 N. Regester St.			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 6/3/61	9. AGE (In years last birthday) 90	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Thomas Worm		14. MOTHER'S MAIDEN NAME Elizabeth	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Raymond Fletcher 1611 Regester St.	
18. 4/20/1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Antecedent causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Ventricular fibrillation DUE TO (B) Arteriosclerosis DUE TO (C) Coronary heart disease		INTERVAL BETWEEN ONSET AND DEATH 15 yrs 6 mos.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 27, 1957 , to Aug 27, 1957 , that I last saw the deceased alive on Aug 27, 1957 , and that death occurred at 4:40 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Conrad L. Rutter		23B. ADDRESS 1705 M. Washington St.		23C. DATE SIGNED 8/27/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/30/51		24C. NAME OF CEMETERY OR CREMATORY Loudon Park	
24D. LOCATION (City, town, or county) (State) Baltimore Md.		25. FUNERAL DIRECTOR Clarence F. Hoffmann		ADDRESS 1639 Broadway	
DATE RECEIVED BY LOCAL REGISTRAR AUG 28 1951		REGISTRAR'S SIGNATURE W. H. Williams		VS 150	

19510207456

94a



43
51 7472BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

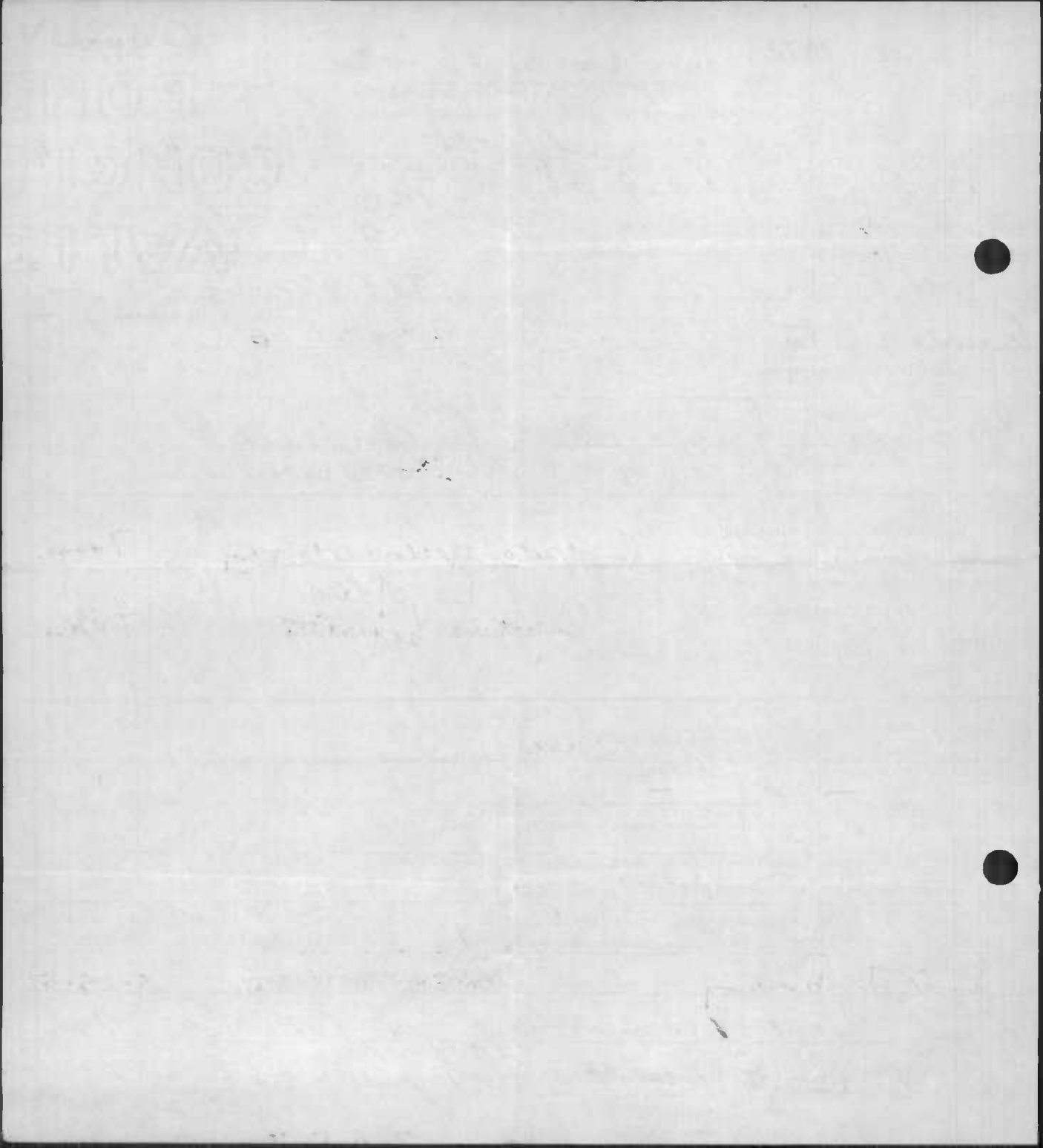
Registered No. _____

51 7472

BIRTH NO. _____		2. DATE OF DEATH <u>Aug 25, 1951</u>	
1. NAME OF DECEASED (Type or Print) <u>Joyce Shifflett</u>		2. DATE OF DEATH <u>Aug 25, 1951</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>1124 3</u>		4. USUAL RESIDENCE (Where deceased lived, if institution residence before admission) A. STATE <u>Md</u> B. COUNTY <u>Baltimore</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
C. Length of stay in Baltimore _____ Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>915 13th Ave Road</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>3-10-45</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>6</u>
11. BIRTHPLACE (State or foreign country) <u>Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>✓</u>	
13. FATHER'S NAME <u>George T. Shifflett</u>		14. MOTHER'S MAIDEN NAME <u>Ruby Reed</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>		ADDRESS _____	

18. <u>092X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Acute yellow atrophy of liver</u>	CAUSE OF DEATH (A) <u>Acute yellow atrophy of liver</u> (B) <u>Infectious hepatitis</u> (C) _____	INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>4 wks</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>None</u>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>✓</u> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK			
22. I hereby certify that I attended the deceased from <u>8-21-51</u> , 19 <u>51</u> , to <u>8-25-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8-25-51</u> , 19 <u>51</u> , and that death occurred at <u>1 P</u> m., from the causes and on the date stated above.				
23A. SIGNATURE <u>David J. Spore</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED <u>8-25-51</u>
24A. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>8-28-51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Local Heart Cx</u>	24D. LOCATION (City, town, or county) (State) <u>Balto., Co. Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>AUG 28 1951</u>		REGISTRAR'S SIGNATURE <u>Wilmington Williams</u>		
VS 150		25. FUNERAL DIRECTOR <u>John J. Connelly</u> ADDRESS <u>418 Eastern Ave Balto 21, Md.</u>		



650
51 7473BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

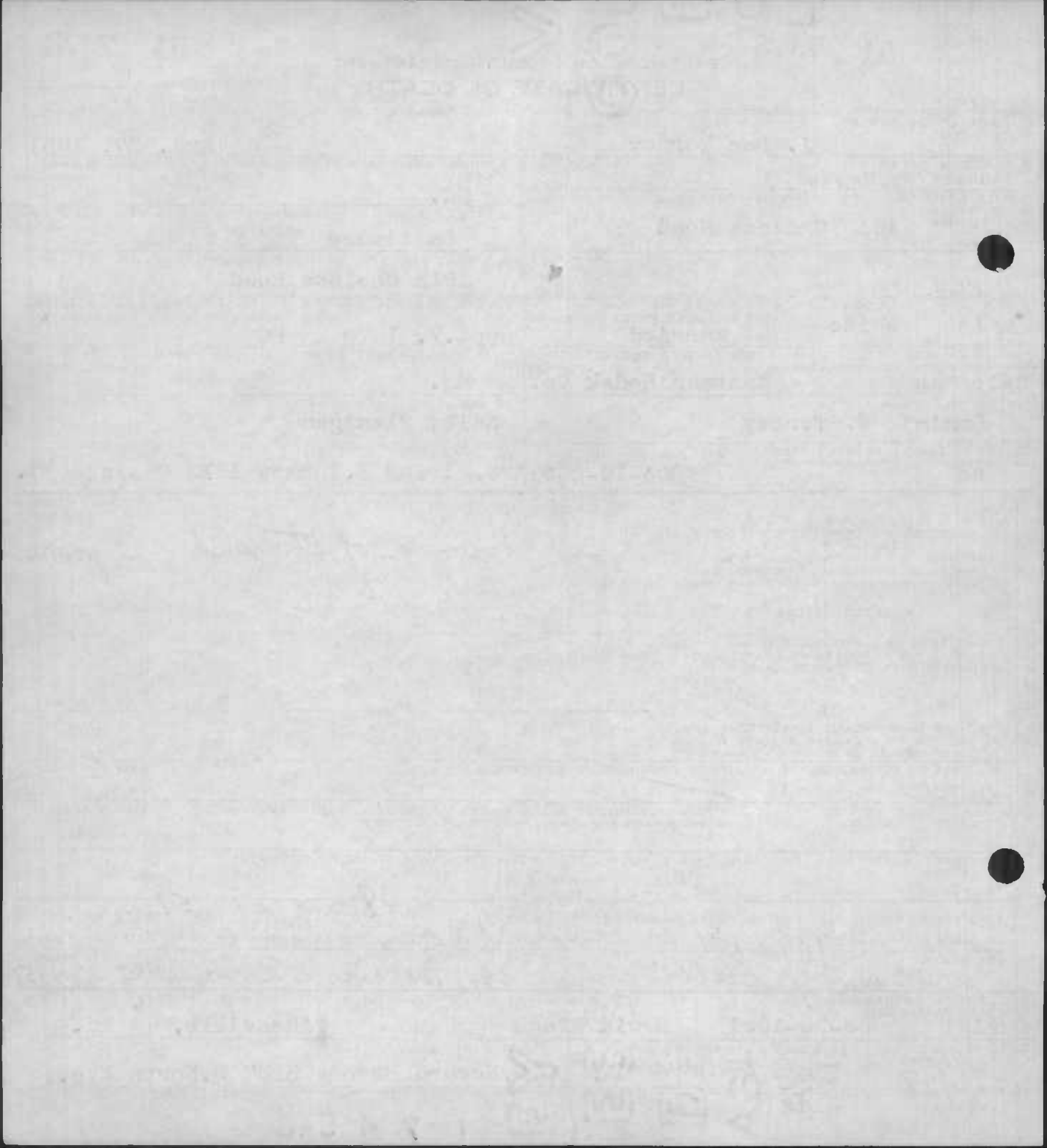
51 7473

Registered No.

BIRTH NO.		J. Lee Tormey		2. DATE OF DEATH Aug. 27, 1951	
1. NAME OF DECEASED (Type or Print)				2. DATE OF DEATH Aug. 27, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1913 Chelsea Road				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-06	
C. Length of stay in Baltimore 80 - Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 1913 Chelsea Road	
5. SEX Male		6. COLOR OR RACE White		8. DATE OF BIRTH Sept. 7, 1870	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		9. AGE (In years last birthday) 80		10. Under 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10B. KIND OF BUSINESS OR INDUSTRY Eastman Kodak Co.		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME Dominic F. Tormey		14. MOTHER'S MAIDEN NAME Sally Flanigan		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 203-10-2651		17. INFORMANT Mrs. Miriam E. Tormey 1913 Chelsea Rd.	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthemia, etc. It means the disease, injury or complication which caused death.) carcinoma of stomach DUE TO INTERVAL BETWEEN ONSET AND DEATH 3 years					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO					
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 48, 1951, to Aug 27, 1951, that I last saw the deceased alive on Aug 27, 1951, and that death occurred at 2 A. M. from the causes and on the date stated above.					
23A. SIGNATURE William J. Sullivan		23B. ADDRESS 2911 Harrison Blvd		23C. DATE SIGNED Aug 27-1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8-30-1951		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge	
24D. LOCATION (City, town, or county) (State) Pikesville, Md.		24E. FUNERAL DIRECTOR G. Howard Strong 3207 W. North Ave.,		24F. ADDRESS	

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51 7474

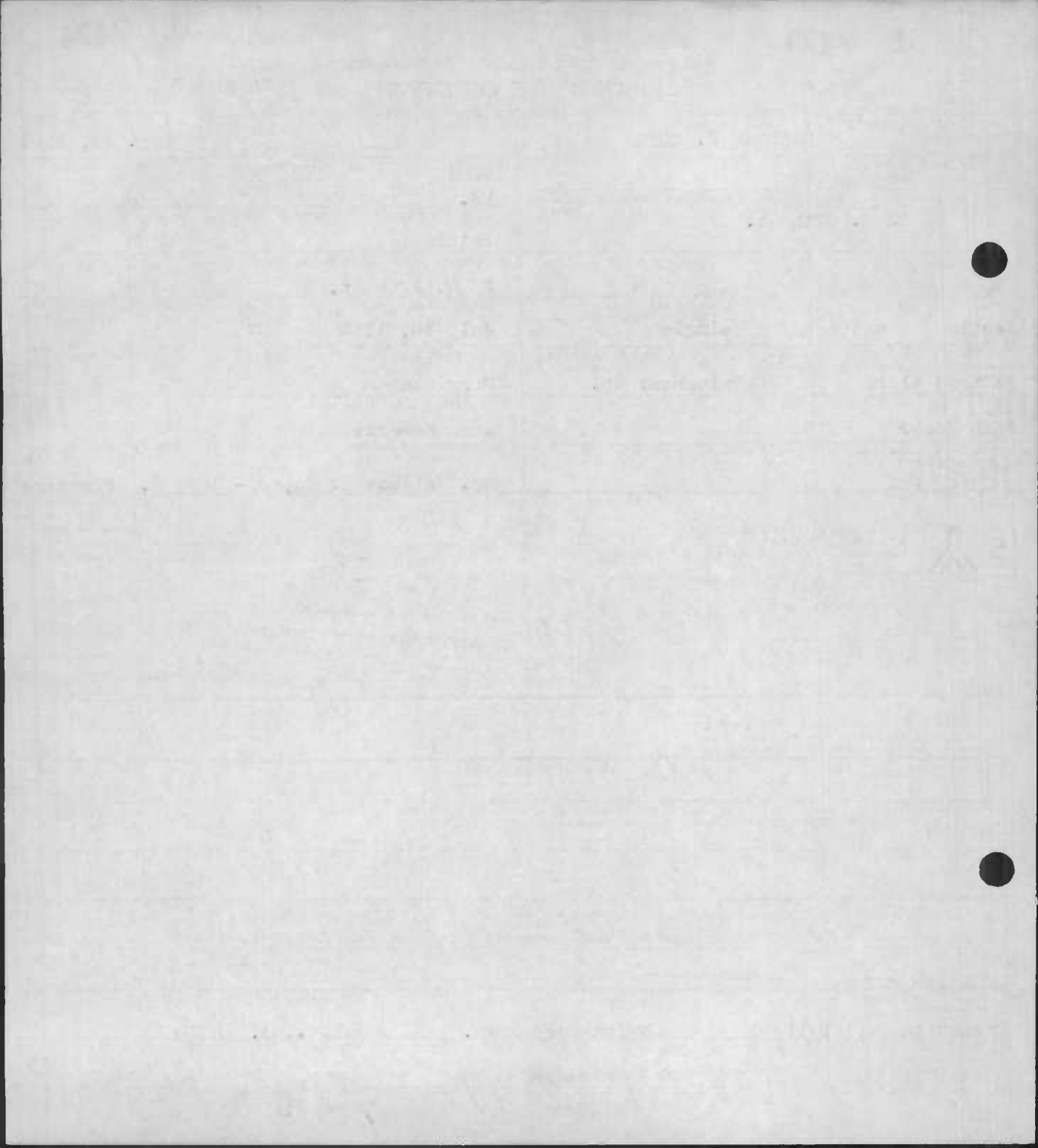
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

1. NAME OF DECEASED (Type or Print) LILLIAM J. ROPER			2. DATE OF DEATH Aug. 26, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Md. C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 12-06 23 W. 27th St.		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 23 W. 27th St.			5. SEX female 6. COLOR OR RACE white 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single		
C. Length of stay in Baltimore			8. DATE OF BIRTH July 26, 1883 9. AGE (In years last birthday) 67 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired clerk			10B. KIND OF BUSINESS OR INDUSTRY Telephone Co.		
13. FATHER'S NAME John Roper			14. MOTHER'S MAIDEN NAME Emma Edwards		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mr. Wallace T. Roper - 3528 W. Belvedere			ADDRESS Av		
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) acute pulmonary edema DUE TO Hypertensive cardiovascular disease DUE TO Essential hypertension DUE TO many years			CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH many years		
19. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			21D. HOW DID INJURY OCCUR?		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from 8/24 , 19 51 , to 8/26 , 19 51 , that I last saw the deceased alive on 4/16 , 19 51 , and that death occurred at 9 A m., from the causes and on the date stated above.					
23A. SIGNATURE William J. Roper			23B. ADDRESS 11 W. 29th St		
23C. DATE SIGNED 8/27/51					
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation			24B. DATE 9/29/51		
24C. NAME OF CEMETERY OR CREMATORY Loudon Park Crem.			24D. LOCATION (City, town, or county) (State) Balto., Md.		
DATE RECEIVED BY LOCAL REGISTRAR AUG 28 1951			REGISTRAR'S SIGNATURE William J. Roper		
FURNERAL DIRECTOR Wm. J. Schaner & Sons - Balto Md			ADDRESS		

39054 7459

937



500 51 7475

51 7475

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MORRIS LEAN

2. DATE
OF
DEATH

8/26/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTIMORE MD

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1824 E. LOMBARD ST.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE before admission)

MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

BALTIMORE 2-02

D. STREET ADDRESS (If rural, give location)

1824 E. LOMBARD ST.

C. Length of stay in Baltimore

54

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MARCH 16-1884

9. AGE (In years
last birthday)

67

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

TAILOR

10B. KIND OF BUSINESS OR
INDUSTRY

RETIRED FREDERICK CLOTHING CO.

11. BIRTHPLACE (State or foreign country)

RUSSIA

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

HARRIS LEAN

14. MOTHER'S MAIDEN NAME

SARAH ??

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

214-10-4848A

17. INFORMANT

ADDRESS

ANNA LEAN 1824 E. LOMBARD ST.

18. 334 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Apoplexy

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

10 1/2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertension & arterio-sclerosis

DUE TO

12 yrs

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 17, 1947 to Aug 26, 1951, that I last saw the
deceased alive on Aug 26, 1951 and that death occurred at 9:50 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Paul K. Temple

23B. ADDRESS

1000 E. Lombard St

23C. DATE SIGNED

8/27/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Aug 29-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Sharon Hill Cem. Phila. Pa.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

AUG 28 1951

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

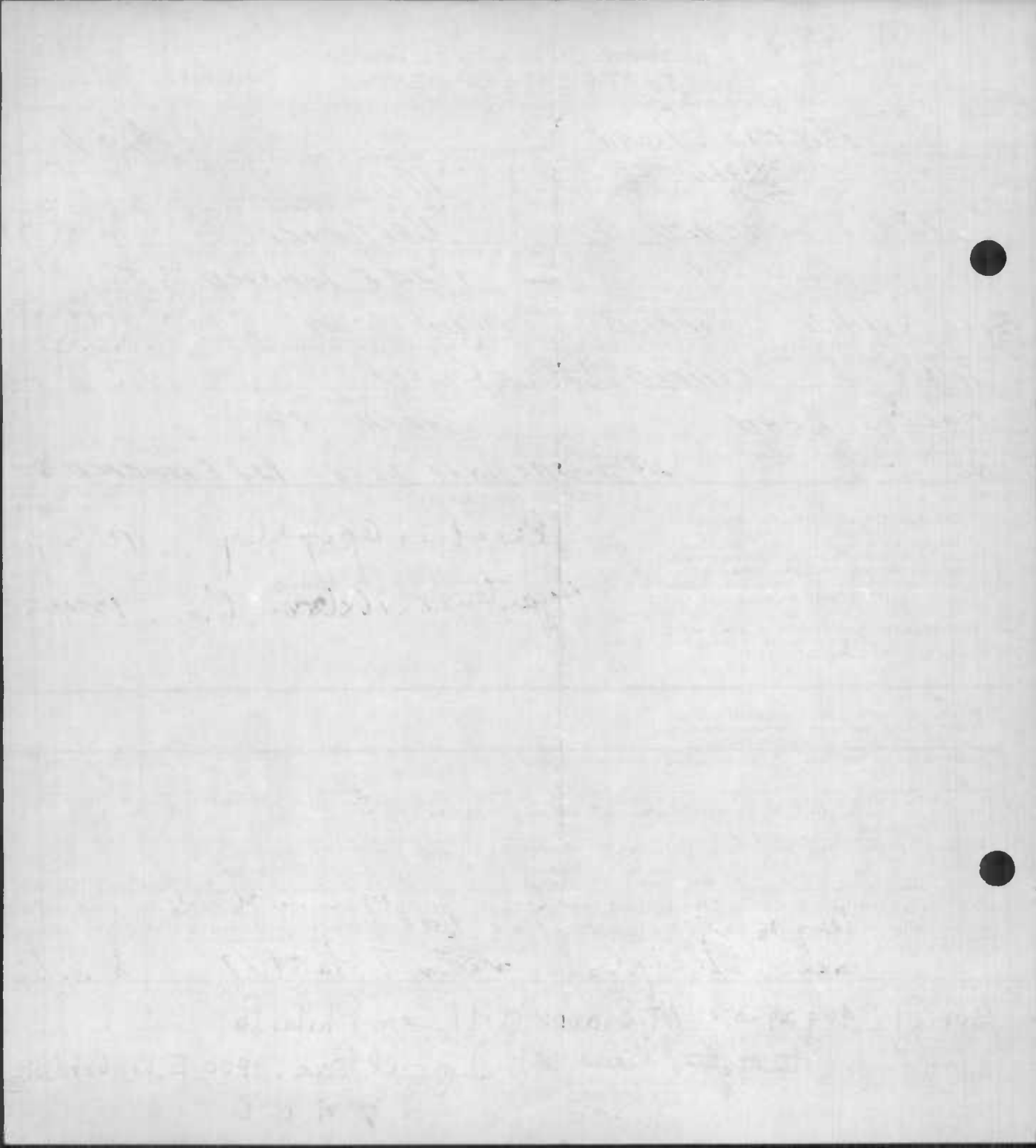
Wuppel Bros. 1800 E. Lombard St.

VS 150

595 460 007 460

83a

MEDICAL CERTIFICATION



143 51 7476

51 7476

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Mary M. Boblitz			2. DATE OF DEATH Aug 27-51		
3. PLACE OF DEATH: a. Baltimore City, Maryland Balto.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 0		
b. FULL NAME OF HOSPITAL OR INSTITUTION 236 S. Durham St			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 2-02		
c. Length of stay in Baltimore Life			d. STREET ADDRESS (If rural, give location) 236 S. Durham St		
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 12/1887	9. AGE (In years last birthday) 63	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10b. KIND OF BUSINESS OR INDUSTRY House work		
11. FATHER'S NAME John			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No			14. SOCIAL SECURITY NO. None		
15. MOTHER'S MAIDEN NAME Margaret Young			16. INFORMANT Charles C Boblitz		
17. ADDRESS 236 S. Durham St					

18. 4201 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 18 hours
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cerebral hemorrhage (B) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes (C) DUE TO		years

19a. DATE OF OPERATION Aug 27		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 27, 1949 , to Aug 27, 1951 , that I last saw the deceased alive on Aug 27, 1951 , and that death occurred at 12:30 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE Sigmund R. Nowak		23b. ADDRESS 408 S. Patterson Park An.		23c. DATE SIGNED Aug 27, 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 30-51		24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel	
24d. LOCATION (City, town, or county) Balto, Md.		24e. NAME OF FUNERAL DIRECTOR William H. Wiggel		24f. ADDRESS 1800 E. Lombard St.	
DATE RECEIVED BY LOCAL REGISTRAR AUG 28 1951		REGISTRAR'S SIGNATURE William H. Wiggel		ADDRESS	

MEDICAL CERTIFICATION

1951 10 7 4 61 61

Dr NOWAK 408 S. Patterson Park Ave

300 51 7477

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7477

BIRTH NO.

1. NAME OF DECEASED (Type or Print) William Harold Tate			2. DATE OF DEATH 8-26-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution location) Found: Pratt St. & Market Place			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 16-0		
D. STREET ADDRESS (If rural, give location) 607 Gilbert Street			E. LENGTH OF STAY IN BALTIMORE 7 Mos.		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan-19-1931		9. AGE (in years last birthday) 20
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter			10B. KIND OF BUSINESS OR INDUSTRY Tolchester Boat		11. BIRTHPLACE (State or foreign country) Mt Olive N.C.
12. CITIZEN OF WHAT COUNTRY U.S.A.			13. FATHER'S NAME William Harold Tate Sr.		
14. MOTHER'S MAIDEN NAME Frances Corbet			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Lillian Coshy 607 Gilbert St		

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

18. **E929.8**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) **Drowning**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Harbor21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
Pratt Street & Market Place **4/1**

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒21F. HOW DID INJURY OCCUR?
Drowned while trying to rescue another from drowning22. I certify that I took charge of the remains described above, held an **Autopsy Partial** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER
ASSISTANT MEDICAL EXAMINER
MEDICAL INVESTIGATOR23C. DATE SIGNED
8-26-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR
AUG 28 1951REGISTRAR'S SIGNATURE
W. H. WilliamsFUNERAL DIRECTOR
Elmer O. WilsonADDRESS
1000 Beatty Ave

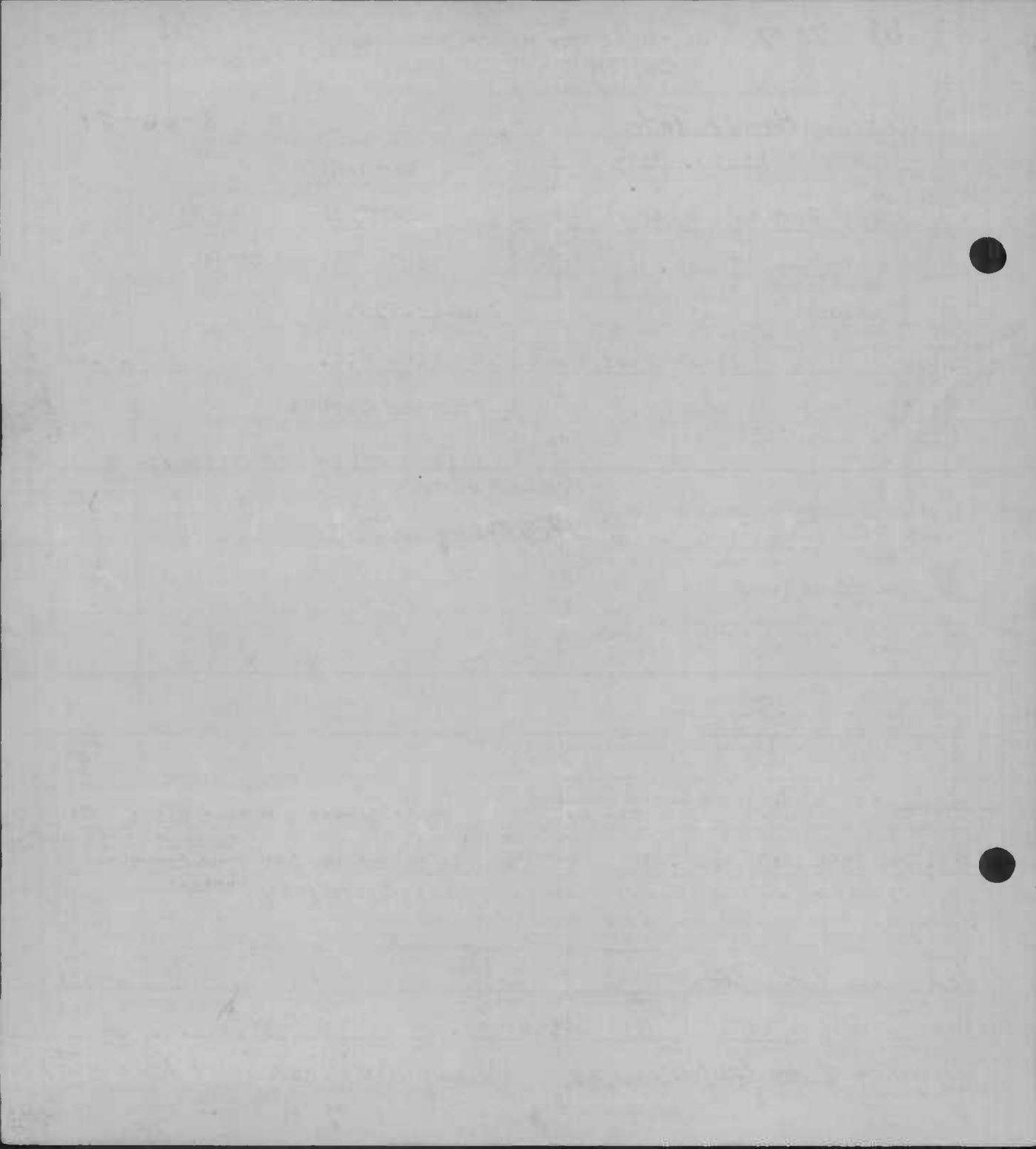
VS 151

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MEDICAL CERTIFICATION



500
51 7478

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7478
Registered No.

1. NAME OF DECEASED (Type or Print) William D. Toomey			2. DATE OF DEATH 8/26/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.					
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Ambassador Apartments 3811 Canterbury Road					
C. Length of stay in Baltimore 20 Yrs. Days					
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tobacco Business		10B. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH Nov. 2, 1899	
13. FATHER'S NAME James Toomey		14. MOTHER'S MAIDEN NAME Catherine L. Sullivan		9. AGE (In years last birthday) 51	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		11. BIRTHPLACE (State or foreign country) Mass,	
				12. CITIZEN OF WHAT COUNTRY?	
				17. INFORMANT Mrs Eleanor C. Shean	
				135 Pleasant Street Arlington, Mass.	

18. 411X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pneumatic Cardiovascular Disease Antic Insufficiency Acute Bronchitis		CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 20 years 3 days	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from February, 1951, to August 26, 1951, that I last saw the deceased alive on August 26, 1951, and that death occurred at 10:45 p.m., from the causes and on the date stated above.					
23A. SIGNATURE John R. Peters		23B. ADDRESS 401 Medical Arts Building		23C. DATE SIGNED 8/27/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 8/29/51		24C. NAME OF CEMETERY OR CREMATORY Malden, Massachusetts	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR R. W. Meeks and Son 505 N. Calvert St.		24F. DATE RECEIVED BY LOCAL REGISTRAR AUG 28 1951	
24G. REGISTRAR'S SIGNATURE L. H. Williams		24H. DATE RECEIVED BY LOCAL REGISTRAR AUG 28 1951		24I. VS 150	

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VALLEY
CONGREG
— POND —

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51 7479
MK-151586

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7479
Registered No.

1. NAME OF DECEASED (Type or Print) <u>Mary Davis</u>		2. DATE OF DEATH <u>8-26-51</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Baltimore City Hospital</u> <u>4940 Eastern Ave.</u>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <u>Baltimore</u> <u>27-38</u>	
D. STREET ADDRESS (If rural, give location) <u>5766 Maple Hill Rd.</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 25, ?</u>	
9. AGE (In years last birthday) <u>82 YRS</u>		10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS, OR INDUSTRY <u>HOUSE WORK</u>	
11. BIRTHPLACE (State or foreign country) <u> Md. </u>		12. CITIZEN OF WHAT COUNTRY? <u> U.S. A </u>	
13. FATHER'S NAME <u> ? </u>		14. MOTHER'S MAIDEN NAME <u> ? </u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMATION <u>Baltimore City Hospitals</u> <u>Records: 4940 Eastern Ave.</u>		ADDRESS	

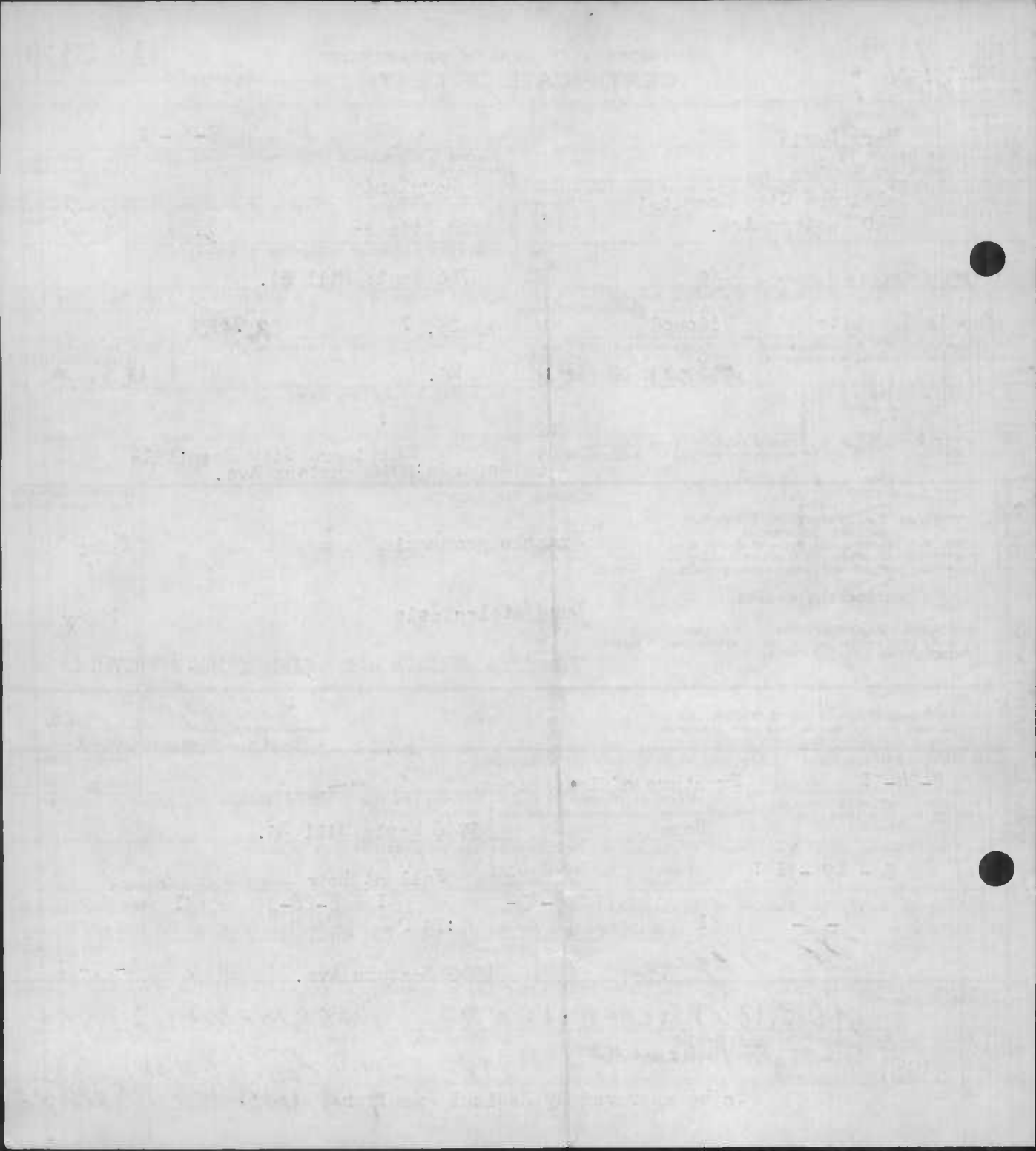
18. <u>E903.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Broncho pneumonia</u> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Lung atelectasis</u> DUE TO		<u>1 day</u>
(C) <u>Fracture of left hip</u>		CERTIFICATION APPROVED BY

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION <u>8-24-51</u>		19B. MAJOR FINDINGS OF OPERATION <u>Fracture of left hip</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>5766 Maple Hill Rd.</u> <u>27/38</u>	
21D. TIME (Month) (Day) (Year) (Hour) INJURY <u>8 - 17 - 51 ?</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>Fell at home - same level</u>	
22. I hereby certify that I attended the deceased from <u>8-23-</u> , <u>1951</u> , to <u>8-26-</u> , <u>1951</u> , that I last saw the deceased alive on <u>8-23-</u> , <u>1951</u> , and that death occurred at <u>7:15 P.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>W. J. Rogers</u> M. D.		23B. ADDRESS <u>4940 Eastern Ave.</u>		23C. DATE SIGNED <u>8-27-51</u>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>AUG 30/51 SACRED HEART</u>		24B. DATE <u>AUG 30/51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>GERMAN HILL ROAD</u>	
24D. LOCATION (City, town, or county) (State) <u>BALTIMORE</u>		25. FUNERAL DIRECTOR <u>STEPHEN J. FIAKOWSKI INC</u>		ADDRESS <u>4100 S. KENWOOD AVE</u> <u>186a</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>AUG 28 1951</u> VS 150		REGISTRAR'S SIGNATURE <u>W. J. Rogers</u>		To be approved by Medical Examiner <u>1951</u>	

MEDICAL CERTIFICATION



630
APC-151383
51-7480

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7480

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mariano Trotta			2. DATE OF DEATH 8/27/51		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Avenue			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-08		
c. Length of stay in Baltimore 38 Yrs. Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 217 S. Grundy Street		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 28, 1890	9. AGE (In years last birthday) 60	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor			10b. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel Co.		
11. BIRTHPLACE (State or foreign country) Italy			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Francesco Trotta			14. MOTHER'S MAIDEN NAME Josephine Miarello		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. 213-07-2736		
17. INFORMANT B.C.H. Records			ADDRESS 4940 Eastern Avenue		

18. 5810 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cirrhosis of Liver (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION 8/16/51 8/22/51	19b. MAJOR FINDINGS OF OPERATION Hernioplasty Exploratory Laparotomy & Cholangiogram	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

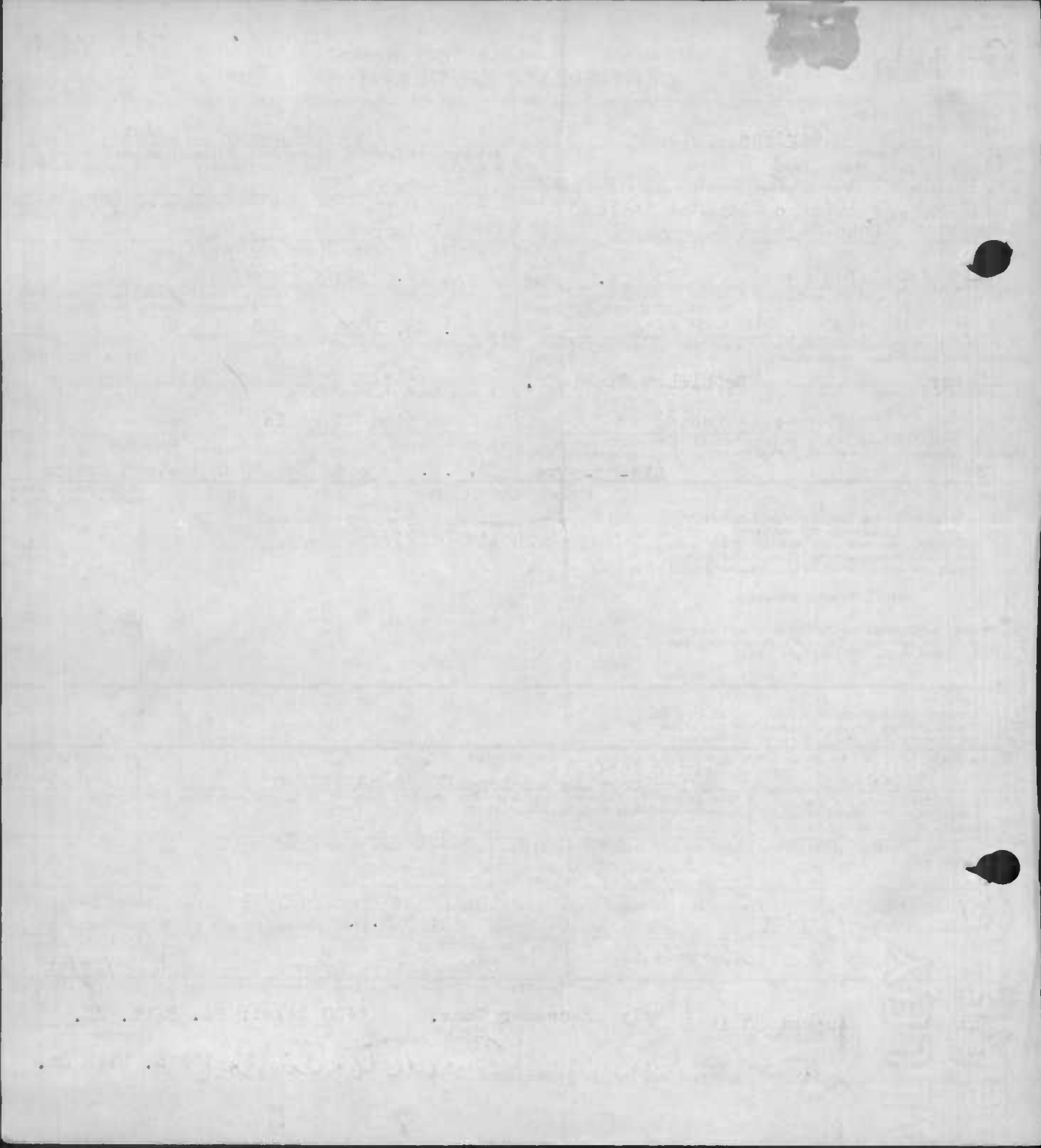
22. I hereby certify that I attended the deceased from **8/16/51**, 19**51**, to **8/27/51**, 19**51**, that I last saw the deceased alive on **8/27/51**, 19**51**, and that death occurred at **1:10 P.M.** from the causes and on the date stated above.

23a. SIGNATURE [Signature] M. D.	23b. ADDRESS 4940 Eastern Avenue	23c. DATE SIGNED 8/27/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE August 30 1951	24c. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemo.	24d. LOCATION (City, town, or county) (State) 4430 Belair Rd. Balt. Md.
DATE RECEIVED BY LOCAL REGISTRAR AUG 28 1951	REGISTRAR'S SIGNATURE [Signature]	ADDRESS 322 S. High St.	

VS 150

195 97034 7465 122a



CERTIFICATE CORRECTED 10/18/51 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **51 7481**

1. NAME OF DECEASED (Type or Print) Adeline Della Noce		2. DATE OF DEATH 8-26-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
8. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, give location) Baltimore	
c. Length of stay in Baltimore 17 yrs		D. STREET ADDRESS (If rural, give location) 1203 N. Patterson Pk. Ave.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH Feb. 18, 1883
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Home	
13. FATHER'S NAME Errice Mirelli		12. CITIZEN OF WHAT COUNTRY? Italy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
11. BIRTHPLACE (State or foreign country) Italy		12. CITIZEN OF WHAT COUNTRY? Italy	
13. FATHER'S NAME Errice Mirelli		14. MOTHER'S MAIDEN NAME Norina Della Noce	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT B. C. H. Records		ADDRESS 4940 Eastern Ave.	

18. 491X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Bronchopneumonia DUE TO (B) Hypertensive cardiovascular disease. (C) Diabetes.		INTERVAL BETWEEN ONSET AND DEATH More than 1 wk.
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive cardiovascular disease. Diabetes.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-18-50 , 19__, to Aug. 26 , 19 51 that I last saw the deceased alive on Aug. 26 , 19 51 , and that death occurred at 12.30 AM from the causes and on the date stated above.					
23A. SIGNATURE E. B. Cohen M. D.		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 8-26-51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE August 29 1951		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery		24D. LOCATION (City, town, or county) (State) 4430 Belair Rd. Balt. Md.	
DATE RECEIVED BY LOCAL REGISTRAR AUG 28 1951		REGISTRAR'S SIGNATURE Frank Deller Noce		FUNERAL DIRECTOR Frank Deller Noce		ADDRESS 22 S. High St.	

1951 0307466

See Document File 51-7481

10/18/51 ES

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

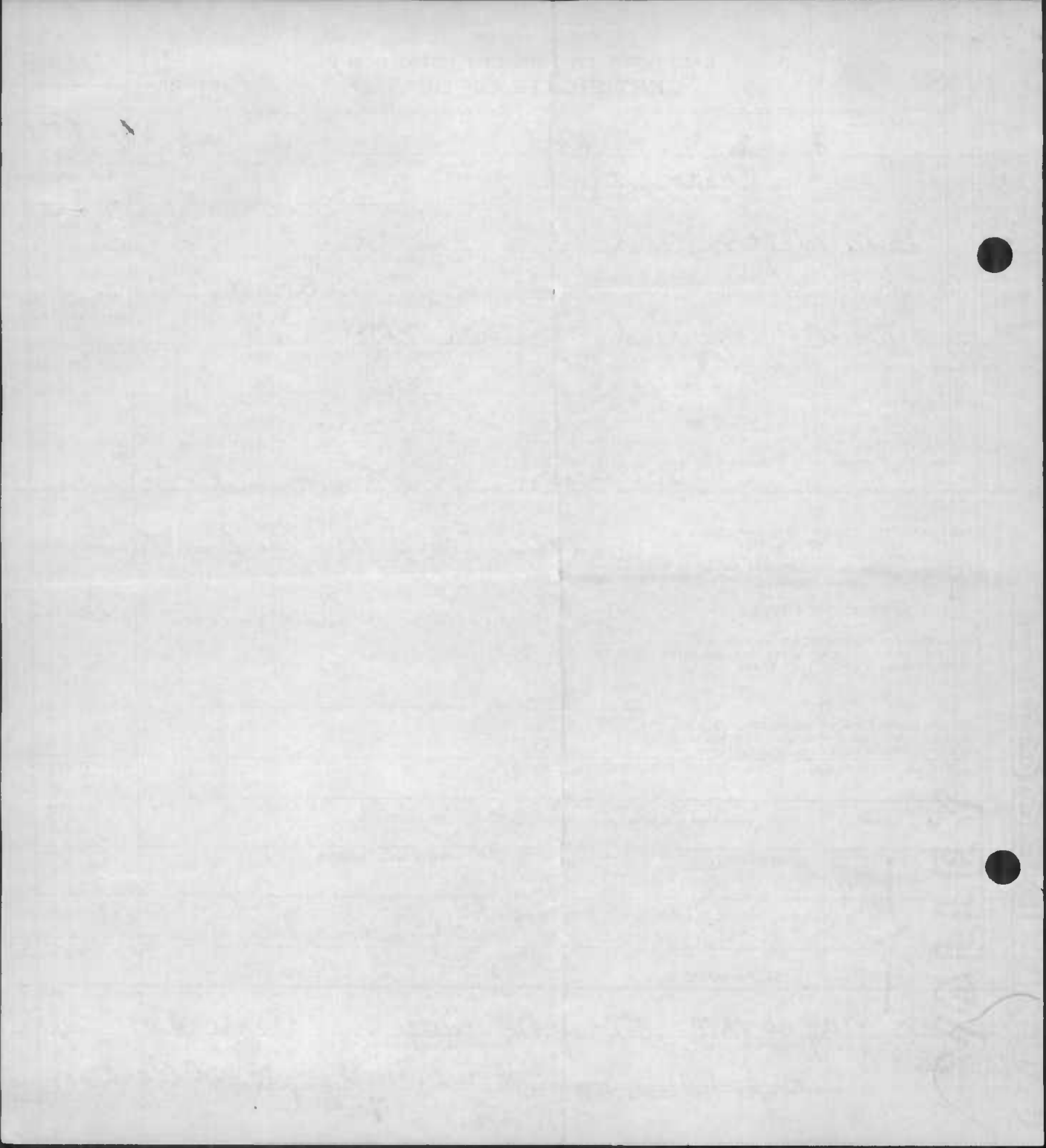
Registered No. **51 7482**

200
1 7482

1. NAME OF DECEASED (Type or Print) Frank M. Pasko				2. DATE OF DEATH Aug. 26-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 16 N. Milton Ave				C. CITY OR TOWN (If outside corporate limits, write R.R. and give township) Balto. City 6-02	
C. Length of stay in Baltimore 50 Yrs. <input checked="" type="checkbox"/> Mos. <input type="checkbox"/> Days				D. STREET ADDRESS (If rural, give location) 16 N. Milton Ave	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 29-1881	9. AGE (In years last birthday) 69
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laboer		10B. KIND OF BUSINESS OR INDUSTRY Crown Cork & Seal		11. BIRTHPLACE (State or foreign country) Poland	
13. FATHER'S NAME John Pasko				14. MOTHER'S MAIDEN NAME Maryanna	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 213-01-0354		17. INFORMANT ADDRESS Pauline Pasko-16 N. Milton Ave	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Congestive Cardiac Failure DUE TO ANTECEDENT CAUSES Hypertensive Cardio-Vascular Disease DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. II				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug. 23, 1951 , to Aug 26, 1951 , that I last saw the deceased alive on Aug 26, 1951 , and that death occurred at 2:30 Am. , from the causes and on the date stated above.					
23A. SIGNATURE Andrew - [Signature]		23B. ADDRESS 2529 Eastern Ave		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug 30-1951		24C. NAME OF CEMETERY OR CREMATORY Holy Rosary	
24D. LOCATION (City, town, or county) (State) Balto. Co. Md.		25. FUNERAL DIRECTOR ADDRESS Wm. S. Fialkowski 2207 Eastern Ave			

MEDICAL CERTIFICATION

959D 03207407 937 are



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51 7488

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7483
Registered No.

1. NAME OF DECEASED (Type or Print) William H. Schaffer			2. DATE OF DEATH Aug. 25, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY 12-23		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2602 Guilford Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. 0 Mos. 0 Days 0			D. STREET ADDRESS (If rural, give location) 2602 Guilford Ave.		
5. SEX M.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 22, 1908		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wire Chief			9. AGE (In years; last birthday) 63		
10B. KIND OF BUSINESS OR INDUSTRY B & O RR.			11. BIRTHPLACE (State or foreign country) Maryland		
13. FATHER'S NAME William Schaffer			12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No			14. MOTHER'S MAIDEN NAME Mary MILLER		
16. SOCIAL SECURITY NO. 705-05-4059			17. INFORMANT ADDRESS Mrs. Wm. Schaffer 2602 Guilford Ave.		

18. 470.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Commonary Declusion.		INTERVAL BETWEEN ONSET AND DEATH Yrs. 2 weeks
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Anterior Declusion		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arriculo Ventric. Fibril		

19A. DATE OF OPERATION 8/23/51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7/26/51 , 19 51 , to 8/25 , 19 51 , that I last saw the deceased alive on 8/23 , 19 51 , and that death occurred at 7 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Edward J. [Signature]		23B. ADDRESS 2020 K. Clearview		23C. DATE SIGNED 8/24/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE AUG. 29, 1951		24C. NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL	
24D. LOCATION (City, town, or county) BALTIMORE MARYLAND		24E. LOCATION (City, town, or county) (State)			
DATE RECEIVED BY LOCAL REGISTRAR AUG 28 1951		REGISTRAR'S SIGNATURE Thurston Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Chas. F. Evans & Son 118 W. Mt. Royal Ave.	

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Dr. Huff
~~2100~~ N. Charles St.
2020

431
51 7484BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

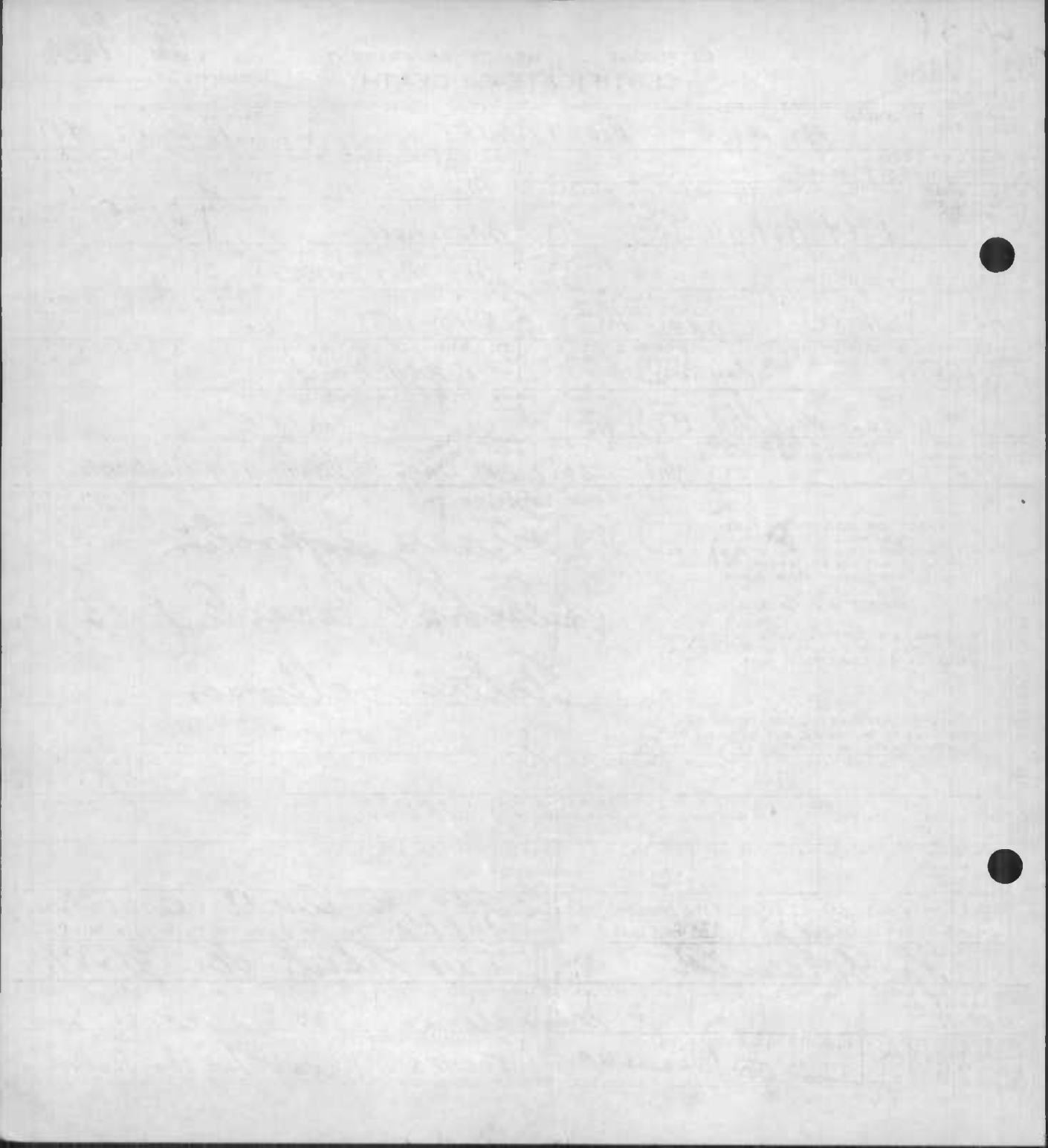
Registered No.

(185) 60
52 7484

BIRTH NO.		1. NAME OF DECEASED (Type or Print) HARRY MUTHAAPT		2. DATE OF DEATH AUG. 27-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE MD. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1714 Ashburton St		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE - 15-06			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1714 ASHBURTON ST.			
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 8-10-1891	9. AGE (In years last birthday) 60	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST		10B. KIND OF BUSINESS OR INDUSTRY RAILROADING		11. BIRTHPLACE (State or foreign country) MARYLAND	
13. FATHER'S NAME Michael Muthaupt		14. MOTHER'S MAIDEN NAME SMITH			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 717-07-6959		17. INFORMANT ADDRESS MRS. MARY MUTHAAPT-1714 ASHBURTON ST	
18. 470.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY INFARCTION DUE TO Cerebral accident DUE TO Arterio sclerosis DUE TO Arterio sclerosis		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 10, 1951 , to Aug 27, 1951 , that I last saw the deceased alive on Aug 27, 1951 , and that death occurred at 11:30 pm. from the causes and on the date stated above.					
23A. SIGNATURE D. Holmick		M. D.		23B. ADDRESS 4710 Liberty Sts	
23C. DATE SIGNED 8/28/51					
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY St Stanislaus	
24D. LOCATION (City, town, or county) (State) 1300 Dandridge Ave					
DATE RECEIVED BY LOCAL REGISTRAR AUG 28 1951		REGISTRAR'S SIGNATURE Walterton Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS THOMAS J. KENNY - INC. 1600 Hollins St	

VS 150

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51 7485

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7485
Registered No.

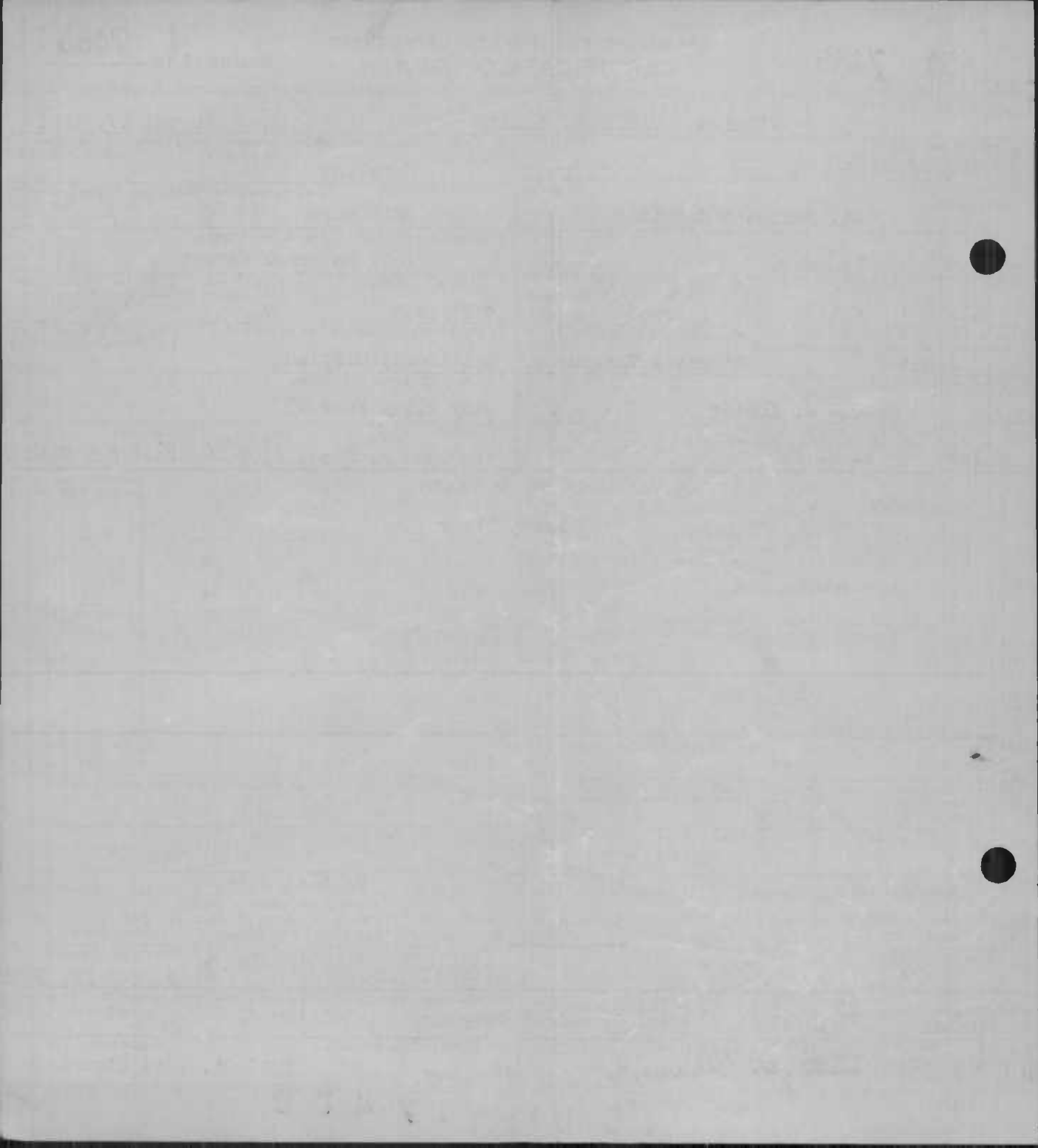
1. NAME OF DECEASED (Type or Print)		WILLIAM VINCENT KOHLER		2. DATE OF DEATH August 27, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)		A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		Baltimore	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)		1602 Holbrook Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9/15/1893	9. AGE (in years last birthday) 57	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME George W. Kohler	
14. MOTHER'S MAIDEN NAME Mary Ellen Farrell		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes W. W. #1		16. SOCIAL SECURITY NO.	
17. INFORMANT Florence M. Kane,		Towson, Md. ADDRESS 8507 Chestnut Oak Road			

MEDICAL CERTIFICATION

18. 581.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fatty liver (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT. (C) DUE TO			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE <i>William J. Smith</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED August 28, 1951			
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 8/30/51	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE RECEIVED BY LOCAL REGISTRAR AUG 28 1951		25. FUNERAL DIRECTOR H. M. Cook, Inc. ADDRESS 1217 St. Paul Street	

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 7486
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Sophie Lukaszewski (Lukashefski)</i>			2. DATE OF DEATH <i>August 27, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, or institution: residence before admission) A. STATE <i>md.</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>1733 Fleet St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>3-25-12</i>	9. AGE (In years last birthday) <i>39</i>	10. Under 1 Year: Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>clothing CONCERN</i>	11. BIRTHPLACE (State or foreign country) <i>Pa.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Anthony Krashenski</i>			14. MOTHER'S MAIDEN NAME <i>Rose - unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>none</i>		16. SOCIAL SECURITY NO. <i>?</i>	17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Cerebral hemorrhage</i> DUE TO (B) <i>Hypertensive Cerebro-vascular ?</i> DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>10 hrs.</i>
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II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *8-27*, 19*51*, to *8-27*, 19*51*, that I last saw the deceased alive on *8-27*, 19*51*, and that death occurred at *8:50* p.m., from the causes and on the date stated above.

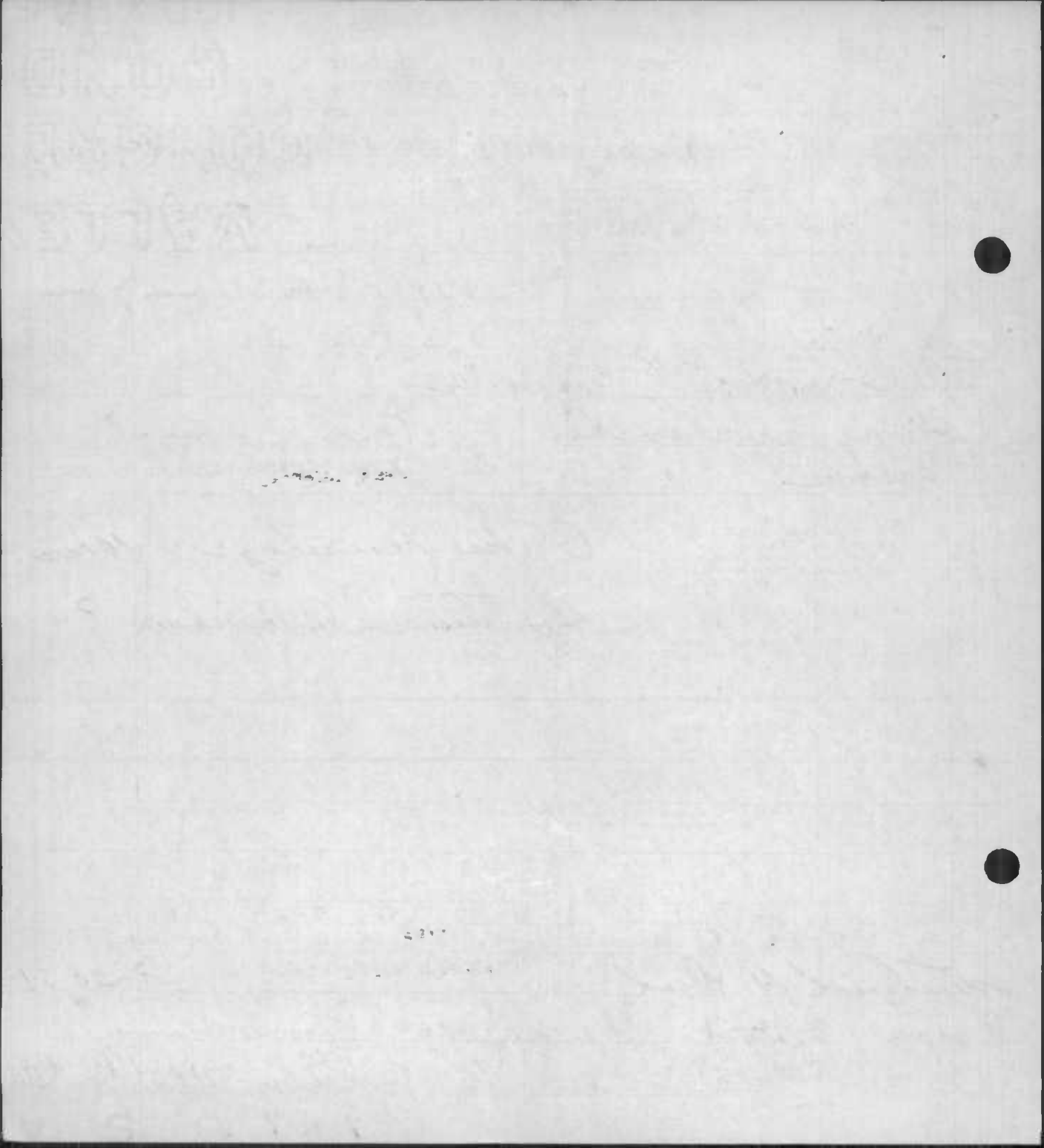
23A. SIGNATURE <i>Frederick W. Seid</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>8-28-51</i>
--	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24B. DATE <i>8-28-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Wilkesbarre</i>	24D. LOCATION (City, town, or county) (State) <i>Pennsylvania</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 28 1951</i>	REGISTRAR'S SIGNATURE <i>Wilmington Williams, Jr.</i>	25. FUNERAL DIRECTOR ADDRESS <i>Wm Cook Inc - 1217 St. Paul St.</i>	

VS 150

699 46 7 4 7 1 922

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 7487**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) John L. Doerer		2. DATE OF DEATH Aug. 27-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY 9-09	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 1729 Lamont Ave.		C. CITY OR TOWN (If outside corporate limits, write full name, and give township) Baltimore 9-09	
D. Length of stay in Baltimore Yrs. Mos. Days 1729 Lamont Ave.		E. STREET ADDRESS (If rural, give location) 1729 Lamont Ave.	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 4-1886
9. AGE (In years last birthday) 65		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired C.P.		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Doerer		14. MOTHER'S MAIDEN NAME Bridget Danaher	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 213-05-0868	
17. INFORMANT Mrs. Carrie Doerer - 1729 Lamont		ADDRESS	

18. **331X** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Cerebral Hemorrhage
(A) DUE TO
INTERVAL BETWEEN ONSET AND DEATH **2 days**

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Aug 25**, 1951 to **Aug 27**, 1951, that I last saw the deceased alive on **Aug 27**, 1951, and that death occurred at **3 P.** m., from the causes and on the date stated above.

23A. SIGNATURE **N. J. Daird** M. O. **3218 Eastern ave** 23B. ADDRESS 23C. DATE SIGNED **8-28-51**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8-30-51	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Bkls Md	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR ADDRESS	
REGISTRAR'S SIGNATURE W. J. Williams		2 Luck 5305 Harford B. 14	

AUG 28 1951

6835A

510007472

832

MEDICAL CERTIFICATION

Dr. David
3030 Easton

Dr. Jacobs
265
BIRTH NO. 7488

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7488
Registered No.

1. NAME OF DECEASED (Type or Print) <i>John Hochrein</i>		2. DATE OF DEATH <i>Aug 26, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Baltimore</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>5613 Belle Vista</i>		C. CITY OR TOWN (If outside corporate limits write RURAL and give township) <i>Baltimore 27-31</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>5613 Belle Vista</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>July 28, 1868</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Saborer</i>	10B. KIND OF BUSINESS OR INDUSTRY <i>Crown Cork & Seal</i>	9. AGE (In years last birthday) <i>83</i>	11. BIRTH PLACE (State or foreign country) <i>Germany</i>
13. FATHER'S NAME <i>John Hochrein</i>		14. MOTHER'S MAIDEN NAME <i>Barbara Neugebauer</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Miss Cecile Hochrein 5613 Belle Vista</i>	

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Pulmonary Oedema</i> DUE TO (B) <i>Myocardial Infarction</i> DUE TO (C) <i>Coronary atherosclerosis changes</i>	INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>5 days</i> <i>don't know</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Hypertension - Artero-Sclerosis</i>		

19A. DATE OF OPERATION <i>8/20/51</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Aug 24, 1951</i> , to <i>Aug 26, 1951</i> , that I last saw the deceased alive on <i>Aug 26, 1951</i> , and that death occurred at <i>4 P. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>M. G. Jacobs</i>		23B. ADDRESS <i>1514 North Point Rd</i>		23C. DATE SIGNED <i>8/27/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>8/30/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	24D. LOCATION (City, town, or county) <i>Balt. Md</i>	(State)	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 28 1951</i>	REGISTRAR'S SIGNATURE <i>Thurston Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>L. J. Luck</i>		ADDRESS <i>5305 Bayford Rd</i>	

MEDICAL CERTIFICATION

AUG 28 1951

94a

10

324
51 7489BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7489
Registered No.

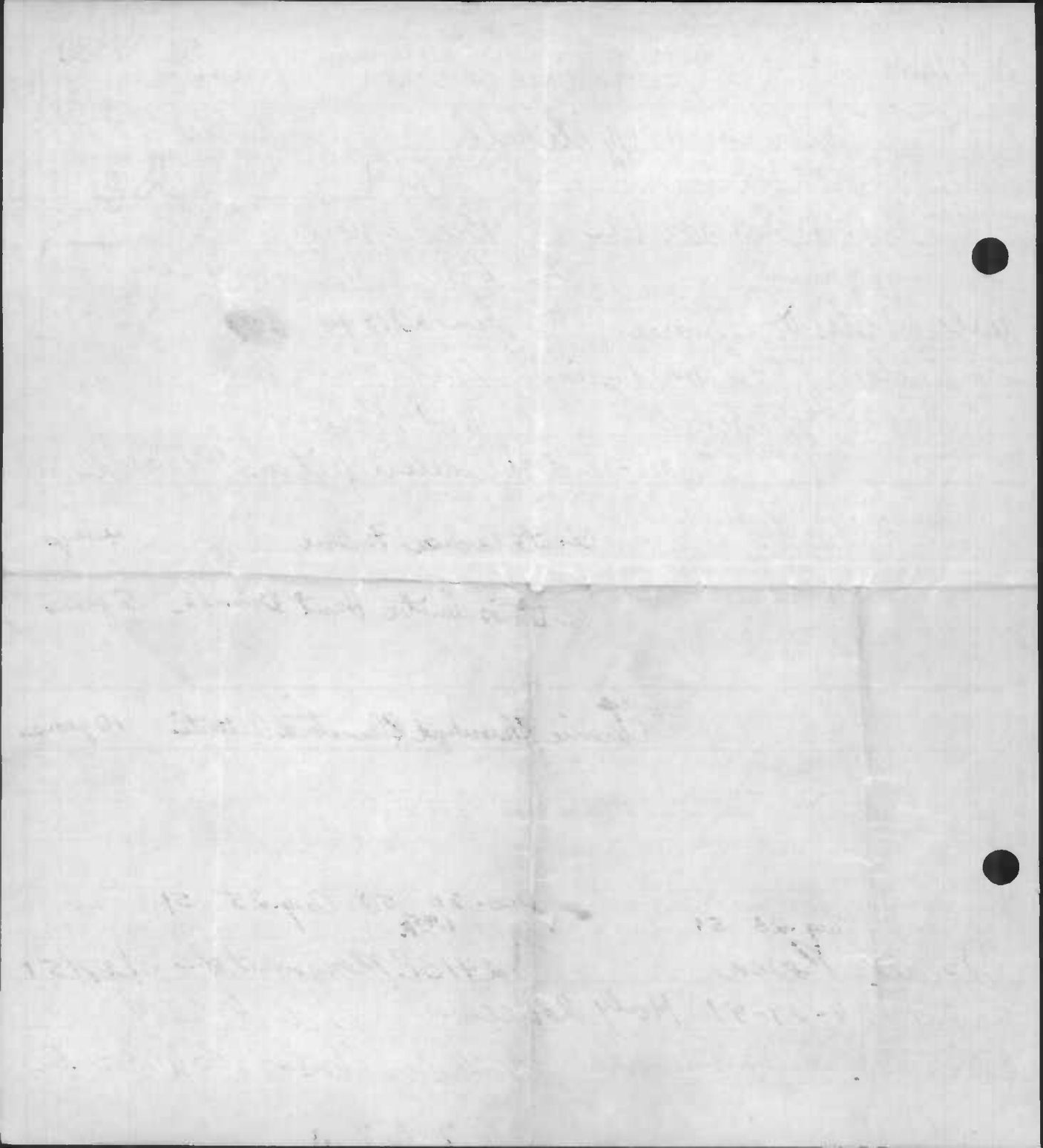
1. NAME OF DECEASED (Type or Print) <i>William G. Mitchell</i>		2. DATE OF DEATH <i>Aug 25/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
5. B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>6304 Belnord Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>6304 Belnord Ave</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>June 20, 1894</i>
9. AGE (In years last birthday) <i>57</i>		10. If Under 1 Year Months: Days Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Floor Laying</i>	
11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Robert Mitchell</i>		14. MOTHER'S MAIDEN NAME <i>Not Known</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>213-18-0271</i>	
17. INFORMANT'S ADDRESS <i>Emelen Mitchell 6304 Belnord</i>			

18. <i>47200</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>Acute Cardiac Failure</i> DUE TO ANTECEDENT CAUSES (B) <i>Arteriosclerotic Heart Disease</i> DUE TO (C) <i>Chronic Rheumatoid Arthritis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i> <i>5 years</i> <i>10 years</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT <i>Serous Chronic Rheumatoid Arthritis</i>		

19A. DATE OF OPERATION <i>8-29-51</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *Dec. 20, 1950* to *Aug. 25, 1951*, that I last saw the deceased alive on *Aug. 23, 1951*, and that death occurred at *6:45 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Israel Rosen</i>		23B. ADDRESS <i>2413 E Monument St</i>		23C. DATE SIGNED <i>8/27/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>8-29-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>		25. FUNERAL DIRECTOR <i>Frank Brachman</i>		ADDRESS <i>9004 Chester</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 28 1951</i>		REGISTRAR'S SIGNATURE <i>William G. Mitchell</i>			



362
51 7490

Elroy Zimmerman

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 7490

1. NAME OF DECEASED (Type or Print) <i>Lillian E. Peters</i>		2. DATE OF DEATH <i>Aug 26/57</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Ind.</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Harford Convalescent Home</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 9-07</i>	
C. Length of stay in Baltimore <i>life</i>		D. STREET ADDRESS (If rural, give location) <i>1600 Abbottston St</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>March 2, 1906</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>55</i>
13. FATHER'S NAME <i>Jerome C. Love</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	12. CITIZEN OF WHAT COUNTRY?
17. INFORMANT <i>Stewart O. Peters</i>		ADDRESS	

MEDICAL CERTIFICATION

18. 260 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, apoplexy, etc. It means the disease, injury or complication which caused death.) <i>Cerebro-vascular Accident</i> DUE TO ANTECEDENT CAUSES <i>Arteriosclerotic Cardio-Vascular Disease</i> DUE TO <i>Diabetes Mellitus</i>	INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>May 1957</i> to <i>Aug. 1957</i> , that I last saw the deceased alive on <i>Aug. 20, 1957</i> , and that death occurred at <i>5:30 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Elroy Zimmerman</i>		23B. ADDRESS <i>2858 Harford Rd</i>		23C. DATE SIGNED <i>Aug 27</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Aug 29/57</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>	
24D. LOCATION (City, town, or county) <i>Baltimore Md</i>		24E. FUNERAL DIRECTOR <i>Knickerbocker Wash & Co. Chas. A. Blanton</i>		24F. ADDRESS	

Mr. Suggs

Wed 9 am

10 70

51

7491

CERTIFICATE CORRECTED

9-2-51

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51

7491

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

AMBROSE

KABOSKY

2. DATE
OF
DEATH

August 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION23rd & Hampdon, rear of B & O
Oak Street Yards4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

11-21

D. STREET ADDRESS (If rural, give location)

610 N. Calvert St.,

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

December 28th 1904 46

9. AGE (in years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Crain operator

10B. KIND OF BUSINESS OR
INDUSTRY

Shipbuilding

13. FATHER'S NAME

Louis Kabosky

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

219-14-3103

17. INFORMANT

ADDRESS

Mrs Elizabeth S. Kabosky Cumberland, Md.

18. 340.3 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Purulent meningitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*William Williams*23B. CHIEF MEDICAL EXAMINER...
ASSISTANT MEDICAL EXAMINER...
M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

August 28, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

8/31/51

St. Mary's

Cumberland, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 29 1951

*William Williams**James D. Smith*

V S 151

1-551830-747681a Mo L

MEDICAL CERTIFICATION

Gino Scarpelli

51 7492

51 7492

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Phoebe Jane Dyson

2. DATE
OF
DEATH

Aug. 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1704 Madison Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 14-02

D. STREET ADDRESS (If rural, give location)

1704 Madison Ave.

c. Length of stay in Baltimore

50 yrs.

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE MARRIED

WIDOWED DIVORCED (Specify)

Widow

8. DATE OF BIRTH

May 14, 1871

9. AGE (In years last birthday)

80

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

St. Mary Co. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Williams

14. MOTHER'S MAIDEN NAME

Lucy Ball

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Payline Washington, D.C.

ADDRESS 705

18. 4201

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Myocardial degeneration

DUE TO

(C)

Senility

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1951, to Aug 26, 1951, that I last saw the deceased alive on Aug 26, 1951, and that death occurred at 12:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

E. W. Williams

23B. ADDRESS

1725 Druid Hill

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Aug. 29, 1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

AUG 29 1951

REGISTRAR'S SIGNATURE

E. W. Williams

25. FUNERAL DIRECTOR

Allard Funeral Home

ADDRESS

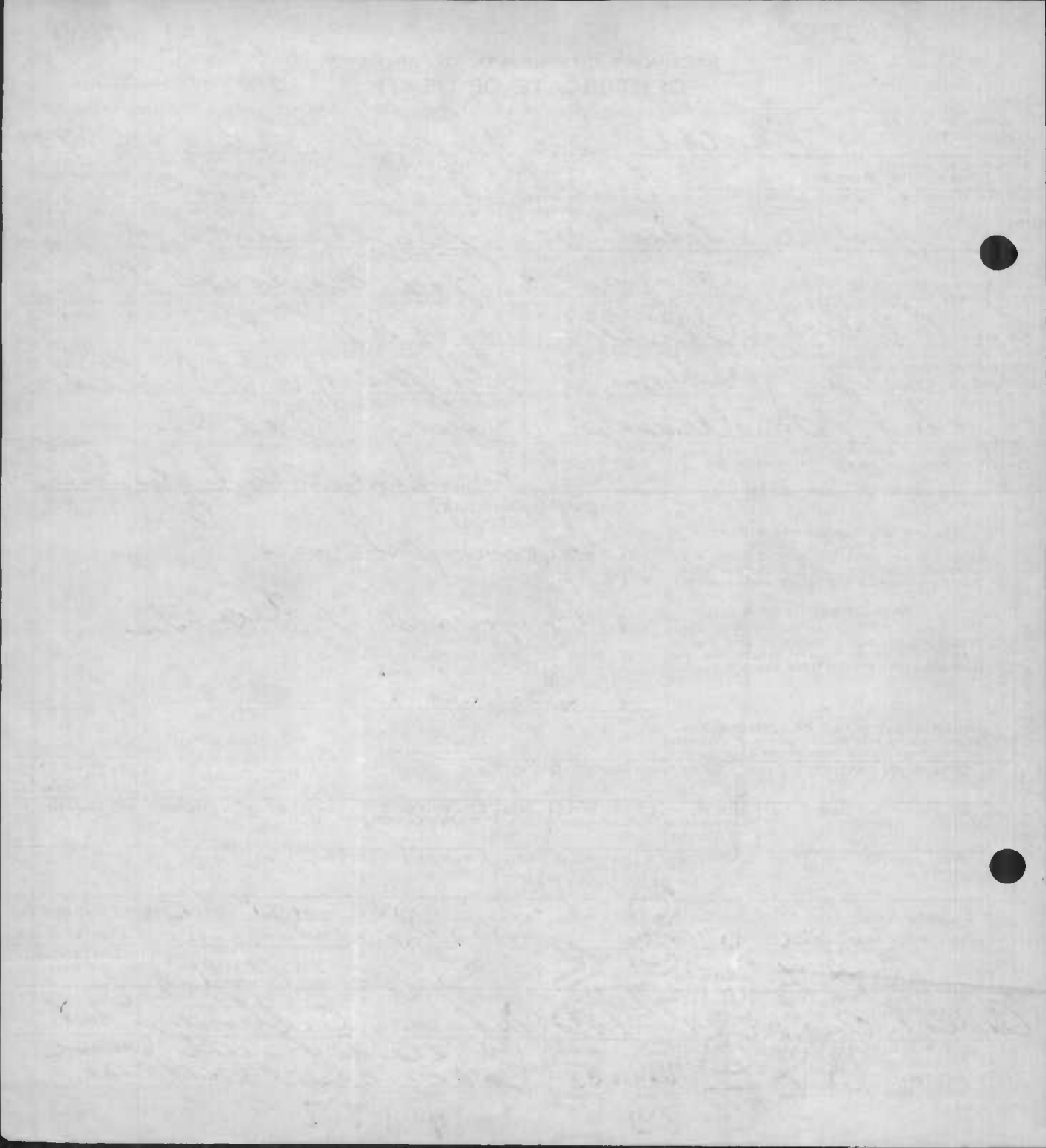
1631 Druid Hill Ave.

VS 150

7477

93D

MEDICAL CERTIFICATION



640
51 7493BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7493
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marie Ferrell

2. DATE
OF
DEATH

Aug. 26, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
before admission)

a. STATE

b. COUNTY

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

d. STREET ADDRESS (If rural, give location)

2015 McKean Ave

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Yrs.
Mos.
Days

8. DATE OF BIRTH

5-30-15

9. AGE (In years
last birthday)

36

11 Under 1 Year

Months Days

11 Under 24 Hours

Hours Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Ridgely Hall

14. MOTHER'S MAIDEN NAME

Monica Cross

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

18. 445 X 1 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Malignant hypertension

INTERVAL BETWEEN
ONSET AND DEATH

2-3 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/5 1951, to 8/26, 1951, that I last saw the
deceased alive on 8/26, 1951, and that death occurred at 10:50 a.m., from the causes and on the date stated above.

23. SIGNATURE

Thomas Franklin Williams

M. D.

23b. ADDRESS

JOHNS HOPKINS HOSPITAL

23c. DATE SIGNED

8/26/51

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

Aug. 30, 1951

24c. NAME OF CEMETERY OR CREMATORY

New Cathedral

24d. LOCATION (City, town, or county)

Baltimore, Ark

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

1631 Druid Hill Ave.

AUG 29 1951

1950

1951

1952

1953

1954

1955

21 JUL 2 1960

W
Bureau
SAC, New York

RE: [illegible]
[illegible]

ADMINISTRATIVE
SERVICES

RE: [illegible]
X

RE: [illegible]

RE: [illegible]

360 51 7495

51 7495

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

JAMES LOUDEN POTTER

2. DATE
OF
DEATH

Aug. 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1653 Carswell Street

Yrs.
Mos.
Days

C. Length of stay in Baltimore

35 years

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 16, 1895

9. AGE (In years
last birthday)

56

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Dispatcher

10B. KIND OF BUSINESS OR
INDUSTRY

Standard Oil Co.

11. BIRTHPLACE (State or foreign country)

Penna.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

George B. Potter

14. MOTHER'S MAIDEN NAME

Clara Jennie McCulloch

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

212-09-0142

17. INFORMANT 1653 Carswell Street

Mrs Realm Potter

18. 162X 1 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma Lungs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

Metastasis into bones

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

5 Mos.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mch, 1951, to Aug 26, 1951, that I last saw the
deceased alive on Aug 26, 1951, and that death occurred at 7:10 P m., from the causes and on the date stated above.

23A. SIGNATURE

J. L. Fisher

23B. ADDRESS

M. D.

1823 N. Washington St.

23C. DATE SIGNED

8/27/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

8/29/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

AUG 29 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.
BALTIMORE - 13., MD.

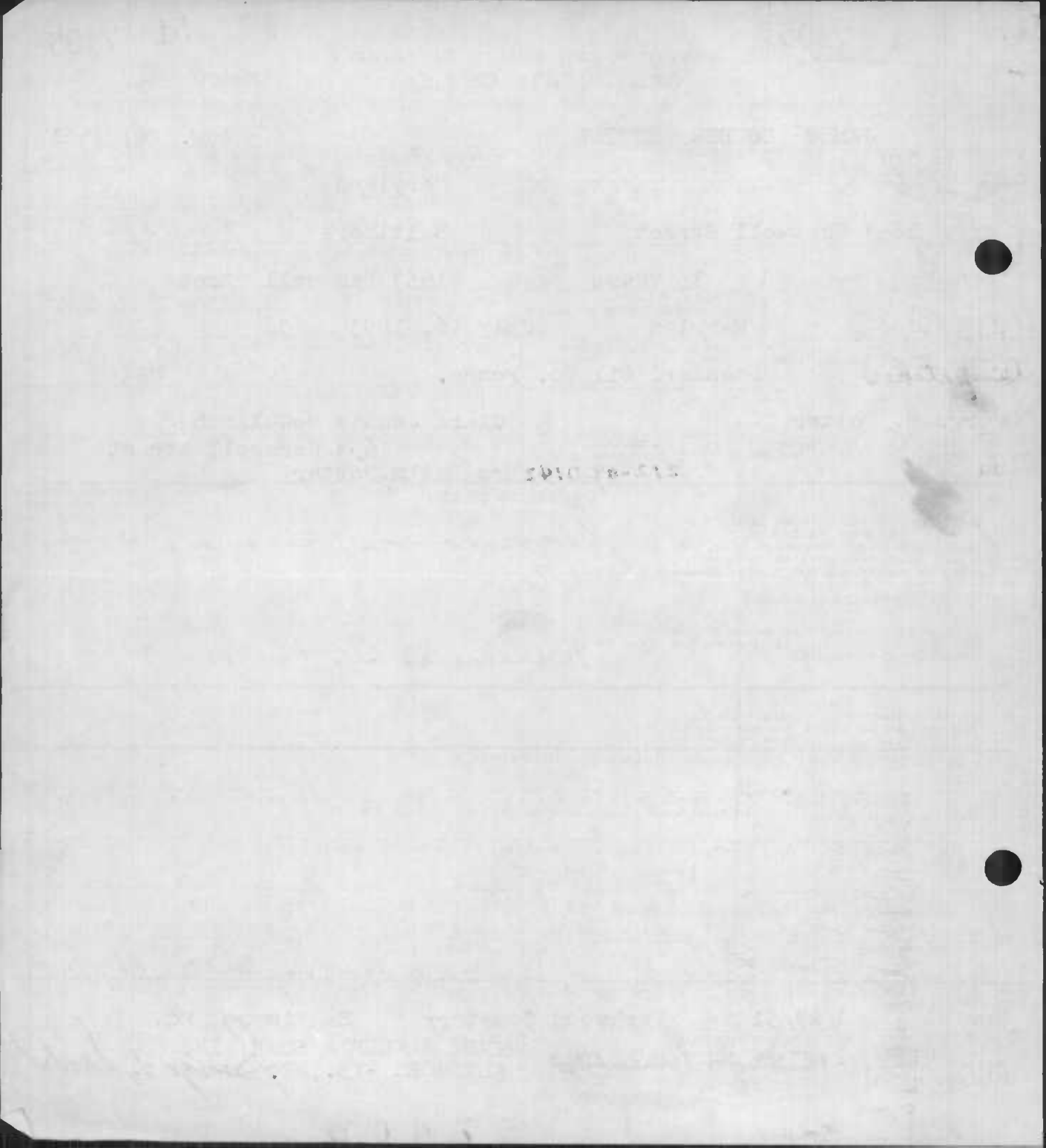
ADDRESS

Senge 7, Indu

VS 150

47D

MEDICAL CERTIFICATION



263
51 7496CERTIFICATE CORRECTED 9/4/51
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7496

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Cynthia Abigail Reichard

2. DATE
OF
DEATH

August-26-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2000 Boone Street

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
at home4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

Baltimore City

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City

9-08

D. STREET ADDRESS (If rural, give location)

2000 Boone Street

c. Length of stay in Baltimore

70 years

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

Yrs.
Mos.
Days

8. DATE OF BIRTH

December-5-1875

9. AGE (In years,
last birthday)

75

10. Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

None

13. FATHER'S NAME

George W. Keller

11. BIRTHPLACE (State or foreign country)

Carroll Co., Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Comfort Tracey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

None

None

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs. Elizabeth A. Cather, 1915 Oak Hill Av

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Bronchial pneumonia.

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

7 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

General Carcinomatosis

DUE TO

primary site: breast with metastasis
to brain and liver

(C)

none

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that the deceased from Feb. 14, 1951, to Aug. 26, 1951, that I last saw the
deceased alive on Aug. 26, 1951, and that death occurred at 8 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Aug-29-1951

Lorraine Park Cemetery

Woodlawn, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 29 1951

Stewart & Mowen Co., 108 W. North Avenue.

VS 150

MEDICAL CERTIFICATION

THE UNIVERSITY OF CHICAGO

LIBRARY

1965

1965

1965

1965

1965

1965

1965

1965

1965

1965

1965

1965

1965

1965

1965

1965

1965

1965

1965

51 7497

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7497
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Katherine Joynes (Carr)

2. DATE
OF
DEATH

8-26-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

(before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years,
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 days

years?

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 25, 1951, to Aug 26, 1951, that I last saw the
deceased alive on Aug 26, 1951, and that death occurred at 7:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

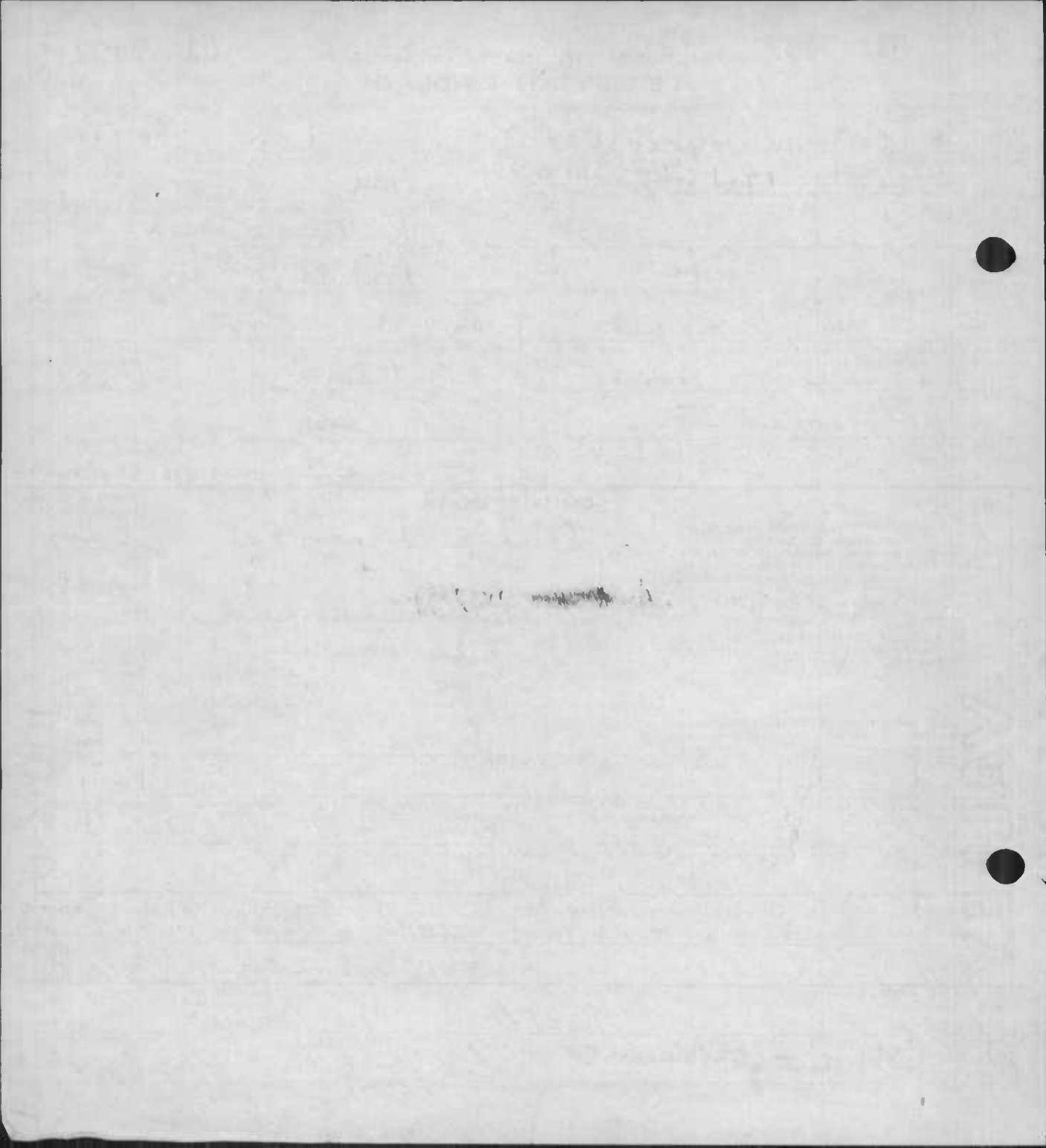
(State)

DATE RECEIVED BY
LOCAL REGISTAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



51 7498

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 7498

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN

GLODEK

2. DATE
OF
DEATH

August 27, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4311 Sheldon Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 29 / 07

9. AGE (In years,
last birthday)

44

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

High way Engineer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Valentino Glodek

14. MOTHER'S MAIDEN NAME

Marcela Jakubowski

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Steeds Glodek 4311 Sheldon Ave

18. E 90 r. 5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Fracture of skull

MEXEXX

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Crushed chest

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Orleans Street Viaduct

4-01

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Aug. 27, 1951 1:45 P. m.

21E. INJURY OCCURRED
WHILE AT WORK ☒ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

Fell to ground when scaffold broke

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
August 28, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Aug. 31 / 51

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Christington Williams, M.D.

F. FUNERAL DIRECTOR

Fred H. Gzazurski

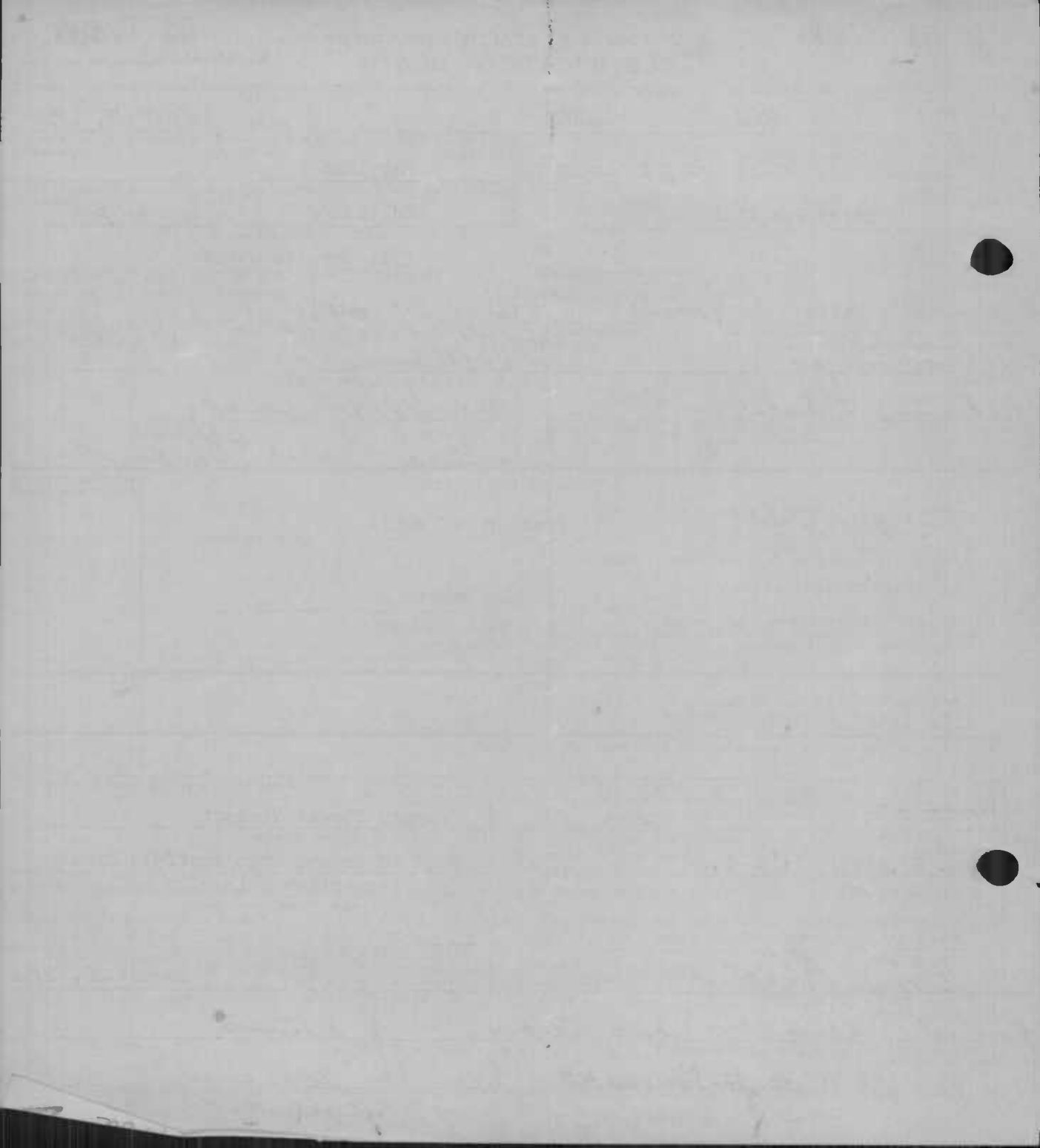
ADDRESS

V S 151

N-804.2

043.240

1900 E. Euteria Ave.



51 7499

51 7499

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

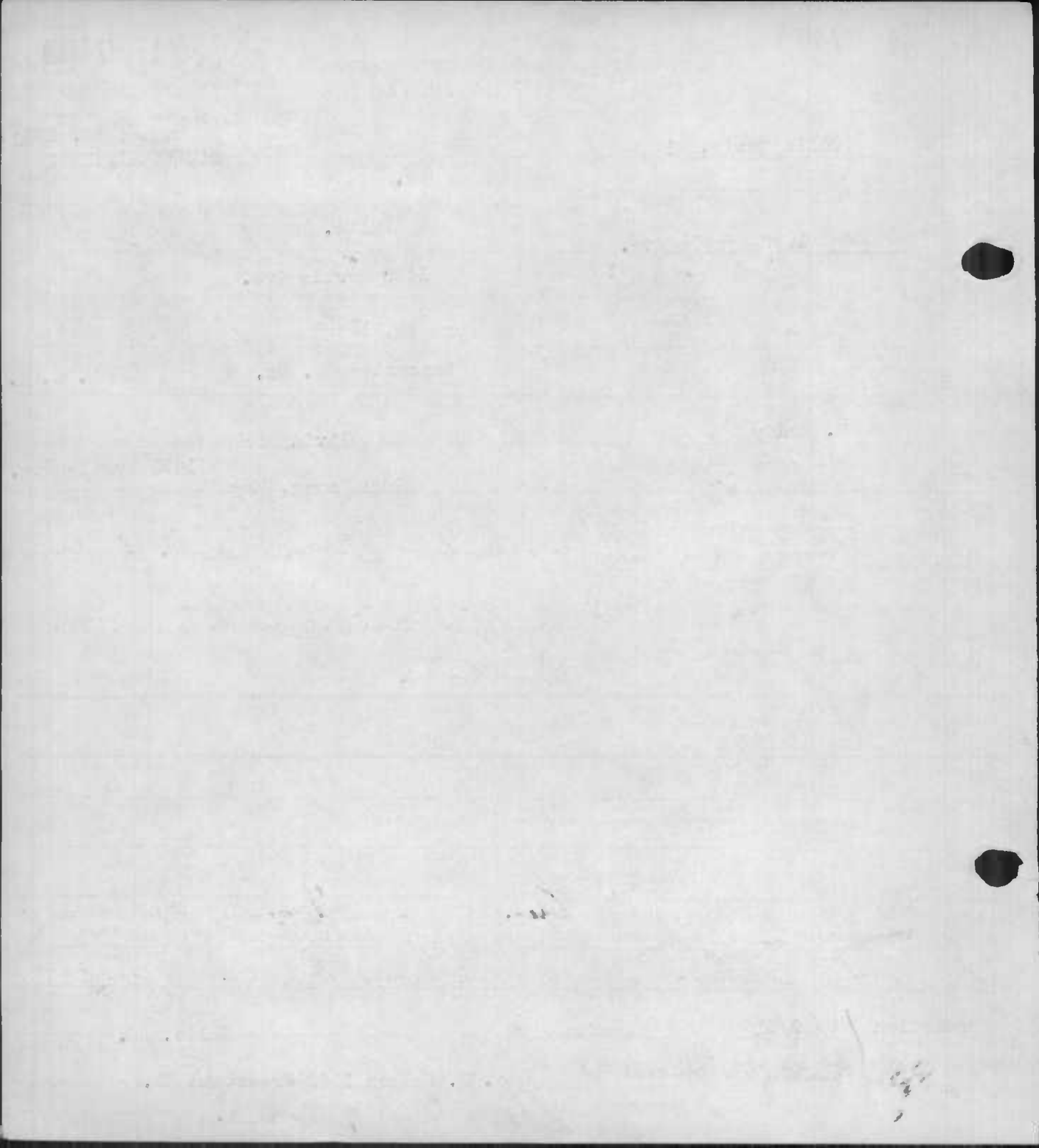
Registered No.

1. NAME OF DECEASED (Type or Print) Julia Davis, El		2. DATE OF DEATH August 26, 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived at last address before admission) A. STATE Md. B. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION 1435 Myrtle Ave.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 14-02	
c. Length of stay in Baltimore ? Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 1435 Myrtle Ave.	
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH June 24, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) D		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 66
13. FATHER'S NAME H. Waddy		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. ?	
17. INFORMANT John Young, Boy		ADDRESS 1435 Myrtle Ave.	
18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Myocardial degeneration DUE TO Generalized arteriosclerosis DUE TO Diabetes		INTERVAL BETWEEN ONSET AND DEATH 3 days 1 yr.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21d. HOW DID INJURY OCCUR?	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from Aug 25, 1951 , to Aug 26, 1951 , that I last saw the deceased alive on Aug 26, 1951 , and that death occurred at 4:45 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Robert H. Kelson		23b. ADDRESS 1723 2nd St NW Co	
23c. DATE SIGNED 8-28-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 8/29/51	
24c. NAME OF CEMETERY OR CREMATORY Loudon Park		24d. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR AUG 29 1951		25. FUNERAL DIRECTOR Geo. G. Kelson 1303 Presstman St.	

MEDICAL CERTIFICATION

Geo. G. Kelson

61



51 7500

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 7500
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Margaret E. Ashley

2. DATE
OF DEATH August 27, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

214 W. Lorraine Avenue

C. Length of stay in Baltimore

55 years

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Asst. Mgr. Stock Room

10B. KIND OF BUSINESS OR INDUSTRY

Department Store

13. FATHER'S NAME

Joseph H. Ross

Retired 2 years

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

215-10-7144

17. INFORMANT

Grover C. Ashley

ADDRESS

214 W. Lorraine Avenue

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A) DUE TO

(B) DUE TO

(C)

Cardiovascular disease

Hypertension, Arteriosclerosis

Sclerotic

INTERVAL BETWEEN
ONSET AND DEATH

2 yrs.

5 yrs.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 1950, to Aug 27th, 1951, that I last saw the deceased alive on Aug 27th, 1951, and that death occurred at 3:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Leonard E. Cross

23B. ADDRESS

M. D. 28 W 25th St.

23C. DATE SIGNED

8-28-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Aug. 30, 1951

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county) (State)

Baltimore Co., Maryland

DATE RECEIVED BY LOCAL REGISTRAR

AUG 29 1951

REGISTRAR'S SIGNATURE

L. H. Williams

25. FUNERAL DIRECTOR

Burgee Funeral Home

ADDRESS

3631 Falls Road

VS 150

19552316C

Hogge, F. Burgee

131a

